

M 12 8778

# HISTORIES

*Pathological* OF  
**SURGICAL SERIES**  
OF

**DRAWINGS, etc.**

M 12 8778



MM 8778



*Histories of Patients whose  
cases have been illustrated*

*For Check List of Plates see p. 231*



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- { 1 Wound of entrance middle third of right leg. A. P. Curry.  
 { 2 Wound of entrance 5 inches above external malleolus. E. A. Richards.  
 { 3 Wound of exit 4 in below and 1 in outside of patella. A. P. Curry.  
 { 4 Wound of exit inside of tendo achillis. E. A. Richards.  
 5 Wound in posterior part of outer surface of external condyle. Capt Withersell.  
 6 <sup>187</sup> ~~IX~~ Wound on right side of back of neck passing into mouth. Geo. W. Brown.  
 { 7 <sup>187</sup> ~~IX~~ Wound at left groin nearly over external abdominal ring; <sup>Woodcut</sup>  
 { 8 <sup>187</sup> ~~IX~~ emerged at upper part of right buttock. <sup>Woodcut</sup> S. D. Smith.  
 9 Wound between 8<sup>th</sup> and 9<sup>th</sup> ribs on left side, passing through  
 10 diaphragm and into intestinal canal. <sup>Plate</sup> Protrusion of lung <sup>Pl.</sup> Capt Stolpe.  
 { 11 <sup>187</sup> ~~VIII~~ Wound of exit, in back. <sup>Plate</sup> A. Spiegel.  
 { 12 Fracture of 3<sup>rd</sup> and 4<sup>th</sup> shafts of metacarpus. C. J. Chapin.  
 { 13 <sup>187</sup> ~~VIII~~ Wound of entrance, ball in and unknown <sup>Plate</sup> A. Silsbee.  
 { 14 <sup>187</sup> ~~VIII~~ W. H. Shurtleff.  
 { 15 <sup>187</sup> ~~VIII~~ Wound between 8<sup>th</sup> and 9<sup>th</sup> ribs on axillary line left side <sup>Woodcut</sup> A. J. Moartzen.  
 { 16 <sup>187</sup> ~~VIII~~ Gun shot fracture of cranium. Cerebral hernia <sup>Plate</sup> Pat's Hughes.  
 17 Wound by shell, tearing away integument and a portion of glutinous muscle. <sup>Plate</sup> J. E. Trickett.  
 18 Wound on outer side of left leg. W. Stule.  
 19 Wound in anterior mediastinum. Sternum fractured. <sup>Plate</sup> C. P. Betts.  
 { 20 ? Wound through right hypochondriac region, exit through ilium.  
 { 21 near posterior 4<sup>th</sup> of crest. Artificial anus. <sup>Plate</sup> F. Harsh.  
 { 22  
 { 23 W. H. Bird.  
 { 24  
 { 25 Jos. Crasberry.  
 { 26 <sup>187</sup> ~~VIII~~ Fungus of Brain. Wound of superior portion of occipital bone  
 { 27 one inch to median line destroying membranes covering brain. <sup>Plate</sup> Chas. Kemmer.  
 28 Gun shot wound of right buttock. Capt. " "



- 29 Dry Gangrene of Toes Plate
- 30 same subject. Herman Strauss
- 31 (6) Amputation of Hip-Joint N° 1. James E. Kelly
- 32 Gunshot wound of neck Plate IX First Joseph Keepers
- 33 Gunshot wound on outside of right thigh. Plate Cix. Isaac Benham
- 34 Gunshot wound of left foot.
- 35 Gunshot wound of right thigh.
- 36 Gunshot wound of left thigh.
- 37 same subject. Ad<sup>r</sup>. J. Bonner
- 38 Gunshot wound of ankle.
- 39 same subject. Lewis Mocky
- 40 Secondary inflammation of knee-joint from gs. fract of femur. Plate Wm. Tilcox
- 41 Hospital Gangrene of Shoulder, from wound of spine of scapula. John Knorr
- 42 Hospital Gangrene from wound of arm Plate Milton Waller
- 43 (XV) Hospital Gangrene of left forearm, from g.s. wound. [plate XVI.] Chas. Fyfe
- 44 Veins. Plate Wm. Sailor
- 45 } Section of Femur. " "
- 46 }
- 47 Abscess of Spleen " "
- 48 } Sections of Femur showing small abscesses. James R. Saxton
- 49 }
- 50 Section of Femur showing complete gangrene of medulla. Plate XXXII Dic
- 51 same subject. " XXXIII "
- 52 Femoral vein showing clots. Plate
- 53 Femoral artery occluded, showing plug.
- 54 Femoral Vein
- 55 Femoral artery, ligated.
- 56 Excision of shaft of humerus. Worden John Britton



- 57 Popliteal Artery. Ligature partially detached. Internal clot. Merritt B. Aseltyn
- 58 Osteomyelitis. Circumscribed abscess of humerus. J. Lutz
- 59 Gangrene of leg. *Pl. XVII Sec.* C. H. Dudley
- 60 " " " " " "
- 61 *XII* Decoliation of the periosteum. *Plate XXIII Sec.* Capt. Coopers
- 62 *IX* Numerous small abscesses of medullary cavity *Plate XXII, Sec.* " "
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- 64 Low notch fracture of Femur. at <sup>lower third</sup> middle. *Plate* Tobias Bovey  
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- 66 Metastatic abscess of lungs. (B.S. fracture of knee-joint) *Plate XI* First Jesse Sims
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- 71 Phlebitis of Femoral Vein *3* Jos. Wallace
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- 79 Gayant thrust in the left chest and lung. 1 in below nipple. Jas. H. W. Vick.
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- 85 Osteomyelitis of the Right Femur. ampt. at middle.
- 86 <sup>XIII</sup> <sub>sec</sub> Excision of Head of Right Humerus Jap. Hy. Clarke.
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N<sup>o</sup> 1

Wound of Entrance (Conoidal Ball)

Albert. P. Curry Co A 55<sup>th</sup> Ohio.

Shot on Saturday May 2<sup>nd</sup> 1863 at Chancellorsville  
(Painting taken May 6<sup>th</sup>). Ball, conoidal, entered  
a little below middle of middle third of Gastro-  
cnemous of Right Leg. Edges of wound of Entrance  
grey and sloughy.

Private Robert A Carroll, F, 3 Ala I. S. wound right leg  
amputation thigh vide history on file

N<sup>o</sup> 2

Wound of Entrance (Round Ball)

Edward A. Richards, Co "A" 6<sup>th</sup> Maine.

Round musket Ball wound, at thirty five yards,  
hit on Sunday 3<sup>rd</sup>. Painted 6<sup>th</sup>. Round hole  
punched out as it were, with slightly inflammatory  
Edges. Ball entered five inches above external  
Malleolus

Corp. Edwin Jones, A. 8 Ohio, gunshot wound of head,  
recovery with loss of left eye. vide history on file



N<sup>o</sup> 3

Wound of Exit (Conoidal Ball)

Albert. P. Curry. Edges of exit round irregular, jagged, but not everted. Wound of emergence four inches below, and one inch outside of Patella.

N<sup>o</sup> 4Ed. A. Richards Co A 6<sup>th</sup> Maine

Exit wound of round Ball - Wound irregular and with everted edges, on inside of Tendo-Achillis.



# Medical Descriptive List

Captain Apheus Wetherell Co. F of the N. J. Vols

Age 24. Injury - Vulnus Sclopet of <sup>right</sup> knee joint

Admitted May 7<sup>th</sup>, 1863

Charles H. Bowen

Attending Medical Officer

1863

May 7<sup>th</sup> Rx. Latis Plumbi Acetatis, <sup>gr i</sup> Half Complexion light, Hair light,  
et opii, Sig. apply to wound eyes blue, nervous, sanguinious  
Rx. Cal Rochelle ʒi temperament. Wounded. Battle of  
Sig. Take at once Chancellorsville May 3<sup>rd</sup>, 1863. Ball,  
(entering at knee-joint, only enough  
to open joint) Having been removed  
by Dr Brinton, about one half hour  
after injury; also flesh wound of  
same leg about lower third.

May 3 P.M. Morph. Sulph gr i  
Et Pilulae No IV  
Sig. one every three hours  
May 3 Rx. Pulv Leidlyz No I  
Rx. Morph. Sulph. gr ʒi  
Et Pil No II. Sig. one every  
four hours.

Bowels constipated. No evacuation  
up to entrance into Hospital

12<sup>th</sup> Limb swung in Smiths  
anterior splint. Cont Latis  
frequently applied.

Severe pain of Limb Sgrovia oozing  
from joint about (ʒii to) ʒss when  
dressing wound

13 Rx. Latis Sulph gr XII  
Et Pilulae IV

Rx. Et Ferri Mur ʒi  
Sig. 5 drops ter. die.

Patient desponding somewhat  
Tongue feverish.

July 11<sup>th</sup> Limb placed in Hudson's  
skeleton splint

Ordered to report to Dr Clymer  
U.S. Vols

July 12<sup>th</sup> 1863

Leave of absence granted.  
Died at his home while on  
leave of absence



N<sup>o</sup> 5

Painted at Aquia Creek, on Boat.

Captain A. Wetherell 7<sup>th</sup> N. J. Vols.

Shot at Chancellorsville by a round Ball, which punched a clean hole and lodged in the posterior part of outer surface of external condyle, from which locality it was extracted. The round was perfectly round. Patient did not fall at time of reception of injury, but walked about half a mile. He received also a shot in the calf of same leg, (flesh wound). The Ball, although apparently nearly spent, was not fired from a very great distance. Ball in my possession. No serious fracture.

This man died subsequently, from inflammation of knee-joint.



George W. Brown I 4<sup>th</sup> Vermont Vols (2<sup>nd</sup> Div 6<sup>th</sup> Corps Arty)  
Hit at Chancellorsville by a conoidal Ball on right side  
of back of neck. The ball passed through into mouth  
striking out three teeth on left lower jaw. The ball  
is entirely unchanged in shape and not battered,  
Fired at about 30 yards. Wound very small and  
roundish. (Ball in my possession)

John J. Haynes G. Shot, wound left leg ?



N<sup>o</sup> 7 and 8May 1<sup>st</sup>  
1863

J. D. Smith Co. D. 28<sup>th</sup> New York Vol  
Shot on the right at Chancellorsville, at thirty yards distance by a minnie bullet. Ball entered at left groin, nearly over external abdominal ring, and emerged at upper part of right buttock - see picture. It must have passed through and through the abdomen. No symptoms whatever of injury to the intestines or to any viscera, or in fact any symptoms whatever. Appetite good. bowels regular. No peritonitis. Can urinate properly, bowels natural in every way. Sleeps well, no vomiting - Pulse 80. After being hit walked 100 yards. Felt numb when hit and bled from anterior opening. Doing well now in every way, only complains of aching down front and inside of thighs.

The Ball struck him obliquely.

Surgeon<sup>A</sup> E. Goodman's letter June 14<sup>th</sup> 1863. states, "His wound having healed, he was discharged from the service of the United States by reason of expiration of his term of service, on the 21<sup>st</sup> of May 1863"

No information in the case of Smith can be found on the registers in this office -

Haviland Nov. 27, 1872.

Penetrating abdomen Vol' 14. part 2. page 91.

The above does not correspond with history No 7 on file

12<sup>th</sup> Co. Corps Hospital  
W. E. Goodman  
Surgeon



No 9 10

J. B. D's book, page 148.

Captain Stolpe Co. A. 29<sup>th</sup> New York Vols

Shot at Chancellorsville May 2<sup>nd</sup>, 1863 by a round ball, between the 8<sup>th</sup> and 9<sup>th</sup> ribs, on the left side, on a line continued directly upwards from the great Trochanter, at one hundred and fifty yards distant. It passed through the Diaphragm and passed into the intestinal canal to some point unknown. Marked protrusion of lung took place at once, nearly the size of a small tumbler. He ran a mile and a half to the field Hospital.

An attempt was made to return the tumor by enlarging the wound; this failed. Dressed at the time with oil lint. Laid at this Hospital from Saturday night till Sunday morning. At ten o'clock Sunday morning, Hospital shelled. Then walked half a mile, with assistance, to an ambulance, and then crossed United States Ford to a brick Hospital. They tried to reduce it and failed, and dressed it with oiled linen and ligated it.

Surgeon Tomaine loosened the ligature, a small portion of gangrenous lung came off - the rest granulated.

May 8<sup>th</sup> I saw the patient. Lung projecting one half the size of an egg - covered with granulations, carnisified. Dull - dullness extending for one inch and a half around circumference of tumor.

The rest of the Lung permeable to the air. Respiratory organs clear, patient smoking a cigar, and walking about. Dr Tomaine stated that the projection was gradually diminishing in volume. Bowels regular - no cough - no general symptoms.

May 10<sup>th</sup>. Picture made by Mr Stanch.

June 3<sup>rd</sup>. Examined the case with Dr. G. Clark of Mass. Capt Stolpe had come up the day before. Tumor level with surrounding

Height of Ball 25.786 grammes or 395 9/10 grains.  
The Ball was a small musket ball, with marks of the three Breckinsh.  
Ball passed per anum at stool. May 7<sup>th</sup>, 1863, and is in patient's possession.



integuments. Contour of side, as represented in figure. The length of surface of cicatrizing lung  $1\frac{1}{2}$  inches, average width  $\frac{3}{4}$  of an inch. Portions of the lung are evidently compressed between the integument and the wall of the chest. The surface of this Tumor is exceedingly elastic under pressure, resembling in this respect the walls of an abscess. The Tumor can be partially reduced.

Examined by Dr H. G. Clark. Vacicular murmur perfect throughout lung, up to  $1\frac{1}{2}$  inches of the Tumor. General health good. Bowels regular. No dyspnoea, although it existed for the first five or six days. Able to walk - appetite good. Suggested treatment by compression.

{ Medical Descriptive List, with request that the Dr in charge would forward to this office, were given Capt Stolpe.  
This list was forwarded.

"Robert Stolpe Capt 29<sup>th</sup> New York Vols, wounded at Chancellorsville May 2<sup>nd</sup> 1863, in lower part of left Thorax. Bullet passed downward and entered the cardiac extremity of the stomach, passed through the intestinal canal and escaped through the anus. Patient is kept on moderate diet, such as lamb, and chicken broth, Sage, and Tapioca, properly prepared; he complains of no pain, sleeps well. The wound is healing and looks well. It is dressed with simple cerate daily. The patient would like to hear from you at your earliest convenience. His address is Easton Penn<sup>a</sup>."

Very Truly  
(Signed) C. C. Field Surgeon Attending  
Easton Penn<sup>a</sup> June 26/63



"The Captains leave of absence will expire on the 10<sup>th</sup> day of July next and he desires the same to be extended for the same length of time. I consider such an extension should be granted the patient, as he is not in a condition either to do duty or travel."

C. E. F. "

November 13<sup>th</sup> 1863. Examined Capt. Stolpe with Drs. Goldsmith and Woodward. Wound healed perfectly. Respiratory murmur perfect. The lung cannot be perfectly returned within Thoracic cavity. Wound healed two months ago. Health perfectly good.

The Ball has apparently entered at the lower edge of the 9<sup>th</sup> rib, fracturing that rib, at a point 5 inches below the nipple, and in a line with, and  $9\frac{1}{2}$  inches to the left of the point of the ensiform cartilage. auscultation over the Hernia, reveals a distinct respiratory murmur, and an occasional faint emphysematous crackling.

Correct  
D. H. B.



Nº 11

Lincoln Hospital

Washington D.C.

Anthony Spiegel <sup>5th United States Cavalry</sup> Wound of Exit of Conoidal  
Ball.

Satterlee U.S. General Hospital

Philadelphia Pa. Oct 1.

He (Anthony Spiegel) was returned to duty from  
the above named Hospital, August 23<sup>rd</sup> 1863.

(Signed) John Campdell

Surge and Medical Director

Ball entered on back, nothing peculiar as to  
entrance, which was on a line with exit wound.



N<sup>o</sup> 12

Satterlee U.S.A. General Hospital  
West Philadelphia October 15<sup>th</sup> 1863.

Charles J. Chapple Co. I 86<sup>th</sup> New York Vol.  
Shot through the hand June 9<sup>th</sup> 1863. Admitted  
to Satterlee Hospital June 23. 1863.

The ball had shattered the fourth and third shafts  
of the Metacarpus. The hand was painful, discharge  
sanguous - tumefaction great. The hand was placed  
upon a cushioned splint for support, and treated  
with cold water and ice dressings. A saline cathar-  
tic exhibited and the patient placed on full diet.

In twenty four hours the appearance of the wound changed  
for the better, the character of the discharge altered -  
and the tumefaction decreased. The patient had  
no relapse of any kind, either local, or in general  
health. The spicula that detached themselves, came  
away without trouble or pain, and the wound  
healed without any complication occurring.

The man is now on the Invalid Corps. He has  
some deformity and tumor on the palmar  
surface, loss of movement in the middle and  
partial loss in the third finger. The rest of the  
member servicable.

(Signed) J. H. Porter  
Surgeon Ward No 1

Approved and respectfully  
forwarded

(Signed) J. I. Hayes  
Surgeon U.S.A.  
in charge

John



## Medical Descriptive List

Ward 10 Bed 31<sup>st</sup> Lincoln General Hospital at  
Washington D.C.

Name. Albert Silsbee Age 18. Rank. Private Co. D 86<sup>th</sup> N.Y.

Injury. Gunshot wound of Face. Admission June 10<sup>th</sup> 1863.

Result. Cured. Returned to duty cured - June 26<sup>th</sup> - Invalid.

Name of attending Medical Officer

J. N. Hyde

Medical Cadet

Date

1863

June 10<sup>th</sup> Water Dressing

Diet

Half Occupation. Farmer. Enlisted Oct 19, 1861

Temperament. Lymphatic - Orphan.

Cause of Father's and Mother's death unknown.

General health good. Wounded June 9<sup>th</sup> at

Beverly Ford, by a Buckshot (prob) -

when about 10 rods from the enemy,

and lying prostrate on the left side.

The Ball, which came from in front,

his head being toward the enemy, entered

just anterior to the tragus of the ear.

and made a wound having an

incised appearance. It is probably lodged

somewhere near the ramus of the jaw,

but it cannot be discovered. There is

no wound of the mouth nor fauces

but considerable swelling of the right

cheek, with lividity about the right

eye. Both eyes slightly injected with

a sore throat. Tongue clean, appetite good,

sleeps well, pulse 48. Is walking around

dressed. Heart sounds natural.

The above description was written at  
Lincoln Hospital Washington, but the  
rest was sent from West Buildings  
Hospital Baltimore, by Surg. S. B. Bach. M.D.  
He had been transferred to this Hospital



N<sup>o</sup> 13

Lincoln Hospital Washington D.C.  
 Albert Silsbee Co. D, 86<sup>th</sup> New York Vols.  
 Wound of entrance - Ball in and unknown.

Copy -

Lincoln General Hospital  
 Washington D.C. July 1<sup>st</sup> 1863.

Doctor

In reply to yours of the 30<sup>th</sup> inst I would say that Albert Silsbee was one of the cases transferred to Baltimore June 16<sup>th</sup> 1863. The Ball was never found. The man never had any bad symptoms after the time of admission, and never having complained of the ball, no interference was thought justifiable.

Very respectfully  
 (Signed) J. C. Allen

Surg J. C. Brinton M.D.  
 Surgeon General's Office.

Asst Surg. U. S. A.

Medical Director's Office Middle Dept 8<sup>th</sup> Army Corps  
 Baltimore Md Dec 5<sup>th</sup> 1863

Surg J. C. Brinton M.D.

Dr

In reply to your letter of the 4<sup>th</sup> inst, I have to say that Albert Silsbee Co. D. 86<sup>th</sup> New York Vols, was admitted to the West Buildings Hospital on the 16<sup>th</sup> of June 1863, and returned to duty on the 27<sup>th</sup> of June 1863.

Very respectfully  
 Your obedient servant  
 (Signed) J. Simpson  
 Surgeon U. S. Army  
 4<sup>th</sup> Medical Director



Lincoln General Hospital

Washington D.C. Oct 5<sup>th</sup> 1863

William H. Shurtliff, Private Co. F. 8<sup>th</sup> Ill Cavalry.  
Received furlough for 40 days from July 10<sup>th</sup> 1863, has  
not yet returned.

(Signed) H. Allen

Asst Surg. Maj.

Admitted June 11/63, Rt Foot.



## Descriptive List

Allen. J. Barker. Co. I. 4<sup>th</sup> Maine Vols

"The ball passed through the left side, between the 9<sup>th</sup> and 10<sup>th</sup> ribs, fracturing the 10<sup>th</sup> rib, and lodged between the 3<sup>d</sup> and 4<sup>th</sup> Lumbar Vertebrae, from whence it was extracted, (as I was informed).

The wound was a long time in healing. It was nearly seven months before it ceased discharging. It is now entirely free from any discharge, and seems to be healed up pretty soundly, but he is in a feeble condition, consequent upon the long drain upon his system of purulent matter.

It will probably be a long time before he will recover his strength, so as to resume labor in any considerable degree."

(Signed) N. P. Monroe

M. D.



N<sup>o</sup> 15

## Epiphany General Hospital

27 Allen J. Barker. Co. I, 4<sup>th</sup> Maine Vols.  
 Aged 18. Son of Robert Barker. Belfast, Maine.  
 Wounded at Centreville Sept. 1<sup>st</sup> 1862. Minnie Ball  
 entered between 8<sup>th</sup> and 9<sup>th</sup> ribs on left side, in axillary  
 line, and rested on left side of back, between 2<sup>nd</sup> and  
 3<sup>rd</sup> Lumbar Vertebrae.

Spec. 6248 The ball was removed from just under skin on Sept  
 2<sup>nd</sup>. As soon as this was done a fecal discharge took  
 place from the opening. The 9<sup>th</sup> rib was fractured  
 and fragments of bone were removed from anterior  
 opening. During the first 14 days a slight fecal  
 discharge took place from the anterior opening,  
 and always from the posterior opening, until 8  
 days ago.

On 5<sup>th</sup> September a portion of sphacelated colon  
 presented itself at the posterior opening, it was  
 removed by Dr. The piece was six inches  
 long and about one and one half inches wide. Five  
 days after a piece of omentum was removed, twelve  
 inches long, and two wide. The boy has done well.  
 The anterior opening discharges but a very slight amount  
 of pus, and the posterior not a very great deal. His  
 general health is good. He is strong - good appetite.  
 The evacuations to day, Nov 1<sup>st</sup>, take place naturally,  
 and he is preparing to go home." J.H. B's Book, Page 174.

Am. 6/25

Discharged from service November 21, 1863. Discharge certificate  
 signed by Surg. J. S. Bryan. U.S.V.

Pension commencing November 21, 1862.

" reduced September 15, 1864.

Applied for an increase April 16, 1869; plea,  
 growing disability; not acted upon.

Photograph No. 39. N.S. & M.M. is from this case.



Gunshot fracture of skull and wound of Brain.  
Resulting favorably.

Patrick Hughes, Private Co "K" 4<sup>th</sup> New York Vols. <sup>aged 23 1/2</sup> was admitted to Mt Pleasant U.S. General Hospital, Washington D.C. on Sept 25<sup>th</sup> 1862, suffering from gunshot fracture of skull and wound of brain received at the battle of Antietam Md, on the 17<sup>th</sup> of same month.

The ball passed from about one inch above and to the right of occipital protuberance(?) into cavity of cranium and emerged at a point on the left of the median line, about one and three fourths inches from point of entry. - probably conoidal ball. - from posterior margin of inferior wound to anterior margin of superior was about 4 inches.

At the time of his admission to Hospital, 8 days after the injury. So much tumescence and hardened clot existed that it was deemed inadvisable to make a very strict examination with a view to determine the extent of lesion.

The hair was closely shaved, and cold water dressings applied and patient placed in a sitting posture. The General condition of patient was promising, although all the brain functions appeared clouded, the memory impaired, Speech disultory or given in fragments, yet being readily aroused and generally at such times answering promptly and clearly.

In a short time healthy supuration was established. febrile action decreased, - pulse became regular, sleep became natural, and the mind began to show clearness and he seemed to lose all symptoms of compression or inflammation of the brain membrane.

The swelling and induration of the part, gradually disappeared leaving in their place a fungus cerebri of considerable size (perhaps an inch in height by two and a half or three inches in length) in which the pulsation could be distinctly seen and felt. The only unpleasant symptoms now existing was the occurrence of a paroxysm over- \*



Turnshot wound of head. The picture of this case was taken at the Surgeon General's Office, whither the man came as an orderly, or on an errand. He was perfectly well. A small carnicified cerebral Hernia existed at exit wound, which was healing rapidly. The ball went in to cavity of skull and emerged. No symptoms existed at all when the patient's portrait was taken. The wound was then some three or four months old.

The history of this case, which I took at the time, has been unfortunately mislaid.

\* of giddiness at intervals of ten or twelve days, which symptom continued although at much greater intervals during the remainder of his stay at the Hospital.

The size and extent of the fungus deterred me from using the knife and I had resort to compression as recommended by the Surgeons of France - but with such serious results that I was startled for the safety of my patient and therefore threw aside all dressing save the simple cerate on soft lint and proper guard for the delicate tissues -

Early in December he was able to sit up and walk about the wards & and was never afterwards confined to the bed; from this time the fungus commenced to decrease in size, and continued to do so until shortly before his discharge from the service, Jan'y 26<sup>th</sup> 1863, when it had shrunk below the level of the skull, and both openings had been well covered by cicatricial tissue.

During the progress of the case numerous spiculae of bone were removed as they became detached, the treatment (constitutional) consisted in paying strict attention to the diet and exhibiting saline cathartics and turpentine injections as the symptoms seemed to call for.

When the soldier left my hands he complained of no inconvenience whatever with the exception of the occasional attacks of giddiness and the fact that he could not see a small object when placed in a  
over



position directly on a level and on a middle line  
between the eyes. Both which defects I consider will  
diminish with time until lost -

Very Respectfully  
Your Obedt Servt

L. A. McCall

Asst Surg U. S. A.  
In charge

Surg J. Brinton U. S. V.

Wt Pleasant Genl Hospital  
Washington D. C.  
Jan'y 25<sup>th</sup> 1864



N<sup>o</sup> 17

Armory Square Hospital Washington D.C.

John O. Tucker. Private Co. A. 14<sup>th</sup> Maine Vols  
Aged 20. Was wounded by the explosion of a shell  
at the battle of Chancellorsville May 3<sup>rd</sup> 1863. which  
tore away the integument covering the Glutei  
muscles, together with a portion of the muscle  
itself.

Admitted to Armory Square Hospital May 8<sup>th</sup>.  
Patient's health has always been good. Has little  
pain, is cheerful, and has a good appetite. Treatment,  
"Ekt Diet". Wound covered with lint wet with  
solution of Chloride of Zinc, and an anodyne at  
night.

- May 10 Applied bread poultice to remove slough.
- " 11 Added Porter to other treatment  $\frac{1}{2}$ ij every four hours
- " 13 Wound becoming more painful, appetite good,  
continue poultice, with Olive Oil to raw surface.
- " 15 Complains this A. M. of inability to completely open  
jaws, has some rigidity of the muscles of the neck,  
and a slight degree of Opisthotonos. Feels well  
otherwise. Has no spasmodic action of the muscles.  
Had Morphia.
- " 17 Jaws nearly closed, can open them but little, neck  
stiff, has no pain or twitching of the muscles, nor  
difficulty of deglutition, or respiration. Opisthotonos  
continues about the same, appetite good, wound looking  
well. Applied flannel wet with turpentine to neck,  
and covered with oiled silk. Morphia gr  $\frac{1}{2}$  at 8  
and  $\frac{1}{4}$  gr every 4 hours after. Milk Punch  $\frac{1}{2}$ i every  
4 hours.
- " 18 Feeling better, can open jaws a little more. Neck not  
quite so stiff. Continue treatment.
- " 19 Patient complains of the application being more  
heating and painful. Applied cotton batting, wet  
with oil, to the wound.
- " 20 Dressed the wound with wet lint. Patient has not  
felt so well. There is a good deal of involuntary



action of the muscles of the back. Can take only liquid food, owing to the closing of the jaws. No difficulty of breathing or swallowing. Has had more pain than usual in the wound. Dressed the wound in afternoon with  $\frac{1}{2}$  Morphia gr  $\text{IV}$   
 Aquae  $\frac{1}{3}$   $\text{II}$

Covered with cloths wet with olive oil. ~~7M~~

May 21 Wound looks finely. Slept well, can open mouth more. Neck less stiff. Continue treatment Morphia gr  $\frac{1}{2}$  at 8 and gr  $\frac{1}{4}$  every hour. Has worse towards noon. Has a great deal of involuntary movement of the muscles, jerking of the head &c. Pulse at 4 P.M. 130. Has not been much accelerated until to day. Pulse same at 9 P.M. Has taken some Beef Tea. Has diet of Milk, with Milk Punch  $\frac{3}{4}$  every 2 or 3 hours. 10 A.M. applied ice along the spine in a hogs intestine, to be renewed every hour. The wound was dressed with Morphia gr  $\text{V}$  in solution, at 8 A.M. and at 10 P.M. Quinine gr  $\text{ij}$  every 2 hours, the Beef Tea to be crowded. Milk Punch  $\frac{1}{3}$  every hour, if his stomach will bear it. At 4 P.M. he had Pil Comp Cathartic No 4.

22 Patient better, pulse fallen to 100, less spasm, can open jaws sufficiently to protrude tongue. This is covered in the middle with a pale white, slimy coat, pale red and thinly coated at the edge. Dressed wound, grs Morphia  $\text{VI}$ , every 6 hours, and cover as before. Keep ice to spine. Keep body warm, continue Morphia gr  $\frac{1}{4}$  every hour, Beef Tea ad. lit.

P.M. Pulse 100. Bowels moved at 3 P.M. Symptoms continue favorable.

23 Pulse at 3 A.M. 120. Patient more restless, drank a pint of Beef Tea during the night. 9 A.M. pulse 100, is quiet, passes urine without difficulty.



May 31 Has continued to improve slowly. Treatment continued. Spasmodic twitchings have disappeared. Trismus not so bad. Pulse 110. Morphia is now given gr  $\frac{1}{2}$  every two hours and 6 grs sprinkled over sore - ice to spine.

June 1<sup>st</sup> Pulse 90 - sleeps well. Bowels open. Trismus lessened. Spasms almost ceased.

2 Feels well. no spasm. Can protrude tongue well. The ice was stopped to day.

The treatment from this to July 10<sup>th</sup> has been Morphia gr  $\frac{1}{2}$ , when required, at bed time. Pills of Ferris et Quiniae Citras gr iij ter. die. With Pinch and tonic treatment generally. From the inception of the tetanic symptoms the patient has lain  $\frac{7}{8}$  of the time, with his face downward, an attendant sitting by his side and preventing the Opisthotonos by supporting the head. This position he assumed from choice on account of the wound. He has had difficulty from the first in voiding his urine, though it has never been retained so as to require the catheter - would often have to wait 20 minutes for the flow after he had the vessel in his hands.

This patient was for the most of the time under the treatment of Dr Andrews.

He received a furlough of 60 days on the 10<sup>th</sup> of July, and is still absent from this Hospital. I recently received a communication from his friends saying that he was rapidly recovering and would soon report to this Hospital.

D. W. Bliss

Surgeon U.S. Vols. in charge.

Dec 5<sup>th</sup> 1863. Examined by Dr Brinton.

" This man returned from his furlough to Army



Square Hospital about Nov 24<sup>th</sup> 1863. While on furlough, laid in bed, on belly, and side, part of the time. Trismus had disappeared before he left the Hospital. About 5 weeks ago, Nov 1<sup>st</sup>, he commenced to walk with a cane. The sore or wound on the left side of the body has nearly cicatrized. A space about the size of the palm of the hand just over the sulcus of the buttocks is the only part of the sore which has not cicatrized, and here the granulations are above the level of the surface surrounding. Right buttock flattened and wasted. General health seems good, but his memory and intellectual powers seem somewhat impaired. Difficulty in voiding his urine has entirely disappeared. No trouble with his bowels - appears to walk feebly and uncertainly."

D. H. B.

I saw this man daily, at Army Square Hospital, during his treatment by ice, which was faithfully carried out by Dr Bowen A. A. Surg. Its effect was decided. I attribute his recovery to the ice, and to his indomitable pluck, and to the careful nursing.

D. H. B. Dec 1863.

P.O. Address. South Berwick, York Co, Maine.

Pension \$8<sup>00</sup> per month. Paid to September, 1872.

Examining Surgeon Thos. H. Jewett reported Nov. 30, 1870.

Has a shell wound of sacrum of large extent. Is not as well as formerly. Sacrum shows no disposition to heal and in all probability will remain an open ulcer. Height 130, age, 28, respiration good, pulse 70. - Disability total.



## Lincoln General Hospital.

Washington D.C. Oct 5<sup>th</sup> 1863.

William Steel, Private Co G 9<sup>th</sup> New York Vols.  
Aged 26 years. Enlisted Dec 1861. Never been sick.  
Shot in battle of Manassas Gap July 23, 1863.

Standing still facing the enemy, when a ball struck him on the outer side of the left leg, through the upper part of the belly of Gastrocnemius, passed inward in a straight line, and passed out on the inner side of the same calf. The bleeding was copious. Immediately after the wound he experienced a severe pain in the ankle; he was totally unable to walk and could only drag the limb after him. Admitted July 30<sup>th</sup> 1863, at which time the foot had become bluish. This appearance, he stated, came on two days prior to admittance, (five days after the injury). The pain in the ankle after the injury, passed off the same evening, but when the blueness commenced the pain reappeared, and continued increasing in severity until the date of amputation. The foot on admission was of a bluish stone color, but not shriveled. The toes were of a deeper hue than the rest. This appearance gradually increased up, toward the ankle until it reached that spot and then ran up posteriorly to the lower third of the leg. Amputation through the wounds (flap operation) was performed Aug 3<sup>rd</sup> 1863.

After the operation, the constitutional symptoms, which had been, pale, tremulous, tongue, quick, feeble pulse, continued about the same. Flaps pale, and rather flabby but not gangrenous. A diarrhoea set in after the operation, which was checked Aug 25<sup>th</sup>. Appetite capricious. Doing well October 20<sup>th</sup>. The man is now entirely recovered. The Stump healed, no



exfoliation of bone.

Accompanying this note I send a specimen of the occluded Artery, which will explain itself.

H. Allen

Asst Surgeon U.S. Army

Surg John H. Brinton U.S.A.

Surgeon General's Office

Washington

D.C.



N<sup>o</sup> 19

Grape-shot in Anterior Mediastinum  
Painted about May 10<sup>th</sup> 1863 J. H. B.

Sir

In compliance with request I forward you the following history of case.  
Private Charles P. Petts Co I 26<sup>th</sup> New Jersey Vols, age 22. of fine physical build and power, was while changing on the heights at Fredericksburg, struck by a three ounce canister shot, producing a compound and comminuted fracture of the sternum on the left side, and opposite to the articulation of the third rib, tearing through the Pleura Costalis. He removed the ball himself. When brought to this Hospital on the evening of May 4<sup>th</sup> the ascending Aorta could be distinctly seen through the wound, the left lung in a collapsed condition, respiration on the right side, good. pulse ninety, appetite good, and when raised up, rested well. Several portions of the fractured Sternum have been removed, and at present the wound is granulating and has a healthy appearance. The discharge is gradually decreasing. He walks about, has a good appetite, smokes his cigar, and is comfortable in every respect. The left lung has not yet resumed its functions.

R. M. Findle

Surgeon in charge

2<sup>d</sup> Division 6<sup>th</sup> Corps Hospital

Potomac Creek, Va May 24<sup>th</sup> 1863.

"Five weeks afterwards examined by me, when Hospital was closed. This man was getting well, able to be about and smoke, granulation, small portions of bone came away"

J. H. B.



Nos 20/21

Franklin Harsh  
Artificial Arms?

Armory Square

Copy

U. S. General Hospital  
Armory Square Washington D.C.  
Sept. 13. 1863.

Sir

I have the honor to report that Franklin Harsh of Co. E. 7th Regt Ohio Vols was wounded at the battle of Chancellorsville May 3<sup>rd</sup> 1863. by a Minnie ball, which passed through the right Hypochondriac region, making its exit through the Ilium, near the posterior 4<sup>th</sup> of crest. The posterior opening permits the passage of small quantities of faecal matter and gas.

The patient is improving daily. The opening into the gut steadily contracting, and promises a favorable termination.

(Signed) D. W. Bliss  
Surgeon U.S. Vols

Surgeon Grinton  
Surgeon General's Office

P. O. Address - Akron, Fulton Co, Indiana

Pension \$8<sup>00</sup> per month from April 28<sup>th</sup> 1864

\$15<sup>20</sup> " " from June 6, 1866

\$18<sup>00</sup> " " from June 8, 1872.

Paid to Sept. 1872.

See Surg Hist.

Plate IV - Faecal Fistula from a shot wound of the  
Ascending colon. This plate was ordered and approved  
May 3 1873. The complete edition was received  
in July 1873 - see Bliss's letter of July 28, 1873.

inc. entered  
in Vol 14-1-12  
see bin. 6 p. 26.

See Folio  
34

Written for  
Hist. Br.  
Surg.



## Medical Descriptive List

Wm H. Bird - age 23. Private Co H  
23<sup>rd</sup> New Jersey Vols.

Injury. Gunshot wound of forearm.

Result. Recovery. Returned to duty June 6<sup>th</sup> 1863

Attending Medical Officer

B. F. Craig

A. Asst Surg U.S.A.

1863-

May 8

Water Dressing

Diet

" 9

" 16

" 20

" 27

Loss A bullet wound on the ulnar side of the left forearm, just over half the bone, and near the junction of its upper and middle thirds. The wound is small and somewhat elongated.

Full. On the opposite side of the arm, behind the radius, a portion of the bullet has been taken out. This portion is a longitudinal segment of the missile and is of very regular shape. It is much less than one half of the original bullet. The wound of entrance corresponds very well in size, with the extracted piece. The shot came from the distance of at least 300 yards, by the account of the patient. The arm is somewhat swelled in front of the bone.

Wounds nearly healed. The swelling on the anterior surface of forearm much diminished, but a hard lump, flat, and of distinct outline, to be felt there, in the upper third of forearm, and near the middle. Cut down upon it and found it to be a portion of bullet. A longitudinal segment, deformed, and compressing the greater portion of the missile.



N<sup>o</sup> 22/23

"Patient of A.A. Surgeon D. F. Craig M.D.  
 Carver Hospital  
 Washington D.C.

William H. Bird Co. H. 73<sup>rd</sup> New Jersey Vol  
 Chancellorsville May 2<sup>d</sup> 1863.

Conical ball entered left arm at junction of  
 upper and middle third of ulna, without  
 fracture, and split in two. Fragments cut  
 out, one (1) on May 3<sup>d</sup>, just over junction of  
 outer margin of upper and middle third  
 of Radius in dorsal surface of arm, two  
 and one half inches below elbow, and two  
 and three quarters from entrance, and the  
 other (2), on May 26<sup>th</sup> in front of forearm,  
 one and one half inches extended to outer mar-  
 gin of ulna, at junction of middle and upper  
 third. No fracture.

June 4<sup>th</sup>, wound most healed, doing well.  
 No bone ever discharged.

J. H. P.

No picture.

"Q"



N<sup>o</sup> 24/25

## Excision of Elbow Joint

Joseph Grasherry. Age 24. Co. D 6<sup>th</sup> New-Jersey Regt.

Wounded at Bull Run, Aug 29<sup>th</sup> 1862, by a Minnie ball, at 75 yards, which fractured olecranon process of ulna. Did not suffer much. Operation of Excision performed in three weeks. Specimen N<sup>o</sup> 327, A. N. Museum. Both condyles of Humerus, Head of Radius, and all of ulna above coracoid process, removed. On June 1<sup>st</sup> 1863, one small piece of bone discharged. Wound then immediately closed. Ankylosis complete. Bone removed by a T incision. Health now good. Typhoid fever at the end of one month after operation. Ankylosis perfect, but limb strong. Sensation in hand perfect, motion of hand almost perfect, slight stiffness of fingers and joints. He has the use of the hand and fingers, but the usefulness of the whole limb is materially impaired. Perfect ankylosis of Elbow has taken place in extended position of arm. This is an accident. The forearm was nearly at a right angle, and boy sent home - motion was not then quite lost. He stepped in a hole while walking, the hand and forearm fell heavily to the extended position where it has ever since remained.

Cook Page 150

J. H. B.

No picture

"O"



Descriptive List

Armory Square Hospital Washington D.C.  
Charles Kennedy - Lieut Co I. 28<sup>th</sup> Pa. Vols  
Age - 25 - Admitted May 7<sup>th</sup> 1863 -  
Injury - Fracture of Brain - Result - Recovery  
Attending Medical Officer.  
Chas H. Bowen

A Asst Surg U. S. A.

1863

Diet

May 7 Hair shaven closely  
around wound and  
sponged with tepid water  
very gently. removed the  
dead tissue from around  
wound, but not the brain  
protruding, which was  
untouched. Simple  
water dressing to wound.  
Lint laid over gently

Wounded at Chancellorsville May 2  
1863, missile (supposed to be a piece of shell)  
removing superior portion of occipital bone,  
one inch to median line, destroying membranes  
covering brain, substance of brain protruding  
about one inch and a half. Wound was about  
two inches long and one inch wide, brown and  
black in appearance. Pulsation very distinct  
with every beat of the heart, total loss of vision -  
impossible to tell day from night. Pulse 60  
and full, inclination to sleep but could not.  
Intellect greatly impaired. Wishing he was dead.  
Skin hot, dry, and unhealthy, tongue coated.  
Partial loss of power of lower extremities

May 8 R<sup>x</sup> Ol Tiglini gr<sup>ss</sup> IV  
Nica Paris q. s.  
Pot. Cit. Pot. 70 VIII  
Sig. One every hour until  
an evacuation is produced  
Sponge off patient 3  
times daily

Bowels constipated from date of injury  
Some symptoms

" 9 Continue treatment  
R<sup>x</sup> Injection warm  
Soap suds - O.S.S.

No evacuations - same symptoms

" 10 Continue treatment  
R<sup>x</sup> Tric<sup>t</sup> Lupulin<sup>e</sup> 3jss  
Sig. Table spoonful in  
sweetened water 3 times  
a day

" Some symptoms - gentle evacuations -  
Throbbing sensation through head.  
Wound painful

" 11 Continue treatment

Same symptoms - feels a little relieved  
rested quietly, but cannot sleep



1863

- May 11 Twelve 1/2 Leeches Diet - Has not slept from date of injury  
 applied to each temple - Three 1/3 behind each ear. No evacuation
- 12 Continue Pills. Sponge off patient as before. Feels much better - not so much pain in eyes, and greatly relieved - no fever - Repeat Injection. tongue clearing  
 Continue Lupuline
- 13 Spicula of bone re- four 1/4 evacuations - day - moved
- 15 Spicula of bone re- Fingers retracted somewhat; healthy, moved. granulating surface. Pulsation distinct  
 Severe pain - severe pain of wound and Lead, but greatly relieved. Bowels tending to constipation, appetite good, no fever, tongue clean, vision partially restored, but cannot see any object across the ward - Able to get out of bed - had eaten much more than I had permitted
- June 16 Special Sitting about Ward talking and laughing, Fingers retracted entire, but pulsation distinct - Vision restored - pulse regular. Bowels regular - sleeps well. Intellect perfect - no pain - skin healthy. Sent home on leave of absence
- " 20

Patient afterwards recovered perfectly  
 J. H. D.

Died Dec. 15, 1865 - Congestion of brain.



"Captain Gunshot wound of  
Right Buttock - exit by triangular mound  
near Sulcus of Buttock. Patient stated that  
wound resulted from a Conoidal Ball.

Painted on Boat at Aquia Creek - four days  
after he was shot at Chancellorsville May 3, 1863.  
Picture obtained in great hurry - as Boat was  
starting."

J. H. B.



N<sup>o</sup> 29 30

Private Herman Strauss Co. F. 145<sup>th</sup>  
 New York Vols.  
 Dry Gangrene of Toes } See also  
 } page 108 }

"Private H. C. Strauss Co. F. 145 New York Vols, was wounded through the Penis, at the battle of Chancellorsville May 3<sup>rd</sup> 1863.

Was not able to walk after receiving his wound and remained on the field for five days without shelter of any kind, and living on a few crackers the Rebels gave him.

During the first two days and nights, it rained all the time; a cold, chilling rain, mingled with hail and sleet.

On the fifth day he was removed into a shelter tent where he remained for one week, subsisting on flour boiled in water, with an occasional piece of bacon.

On the twelfth day he was removed in an ambulance to the Hospital of the 12<sup>th</sup> Army Corps, where he was attended by Dr. Gillson Asst Surg Conn Vols.

The 2<sup>d</sup> morning after he was wounded he says his feet were stiff and numb, and he rubbed them frequently to restore the circulation, but without any effect, for they were of a dark blue color, and perfectly senseless. A couple of days afterwards, to use his own words "they (his feet) got fair black all around the toes, They were burning hot all the time". When the ambulance came to carry him to the Hospital the left foot began to slough, but the right foot did not commence until a week afterwards.

The slough came off finally, about one month after he was wounded.

He was admitted into the Douglas Hospital June 14<sup>th</sup> 1863.

At present the soft parts are destroyed as far back as the tarso-metatarsal articulation. In the right foot the metatarsal bones have sloughed off, but



they still remain in the left foot, perfectly dead, and attached only by a few strands of tissue.

July 1<sup>st</sup> Profuse, and exhaustive diarrhoea appeared, which in spite of all remedies, continued unchecked until the date of death, July 24<sup>th</sup> 1863.

### Report of the case of Dry Gangrene of Feet.

Herman Strauss Private Co. F. 145<sup>th</sup> New York Vols  
Age 35 years, born in Hanover, Germany. Came to this Country 1854.

Wounded at the battle of Chancellorsville May 3<sup>rd</sup> 1863, by round lead bullet, which entered the left hip, one inch below, and three inches back, of the Trochanter Major, and emerged at right side of Scrotum, very near the central line, cutting through the urethra, so that the urine passed out through the wound in the hip.

Was left on the field, exposed to cold and wet, nearly destitute of food, for five /5/ days. Says that he bled profusely, and succeeded in arresting the Hemorrhage himself, by pressure on the wound. Says he had chills the first night, and suffered with a "burning pain in the feet".

Removed from the field and brought to this Hospital on the 17<sup>th</sup> day of May, fourteen days after receipt of injury, at which time I first saw him.

Had very slight swelling or other signs of inflammation about the wound - no fever - Bowels regular. Tongue clean - passed urine sufficiently, but mostly through the wound.

Treatment. First day (17) Water dressings to wound. Passed silver (male) Catheter, and, after drawing off the urine, retained the catheter in the bladder for two /2/ days, in consequence of the difficulty



of introduction without irritating the wound.  
 Third day. /19/- removed, cleaned, and reintroduced the catheter. Feet kept warm by the usual applications.

Fifth day /21/. Removed and reintroduced catheter. Feet smelled very badly - Ordered to be removed to a separate tent, and disinfectants applied to, and about, the dead portions of the feet. Sixth to twenty first day. /22<sup>nd</sup> of May, to 7<sup>th</sup> of June/ treatment was same, save omitting the catheter, and substituting pressure over the track of the wound near the left of the Penis - wound healed.

Twenty second day. June 8<sup>th</sup> - Removed the dead flesh of left foot, including phalanges, leaving the metatarsal bones bare, but still attached to the foot. No occurrence of Hemorrhage - and the flesh seems to heal over finely at the line of separation. Patient cheerful and quiet - appetite good - Full diet. Milk Punch

(Signed) / Andrew J. Gillson  
 Asst Surg 5<sup>th</sup> Conn Vols  
 Surgeon in attendance

### Descriptive List

Ward 5. Bed 239 - Douglas General Hospital Washington D.C.  
 Name Herman Straus. Age 32. Private Co F. 145<sup>th</sup> N.Y. Vols  
 Gunshot wound of Penis, and Gangrene of Feet.  
 Result Death July 24. 1863. Attending Medical Officer

C. C. Lee

Asst Surg U.S.A.

1863

Diet

June 17. R. Diminai 35 Full When admitted, this patient stated he had been shot through the Corpora Carnosa of the Penis, at the battle of Chancellorsville May 3<sup>rd</sup> 1863. The urethra was not injured and with exception of retention of urine, for ten days he recovered without difficulty

over



1863

June 21

27

July 2

7

13

17

19

21

23

24

When wounded he was captured by the enemy, in whose hands he remained seven days. All this time he was lying out without shelter, most of the time in the rain, and with very little to eat. The day after he was brought back to our lines his surgeon observed incipient gangrene in both his feet. This was attributed to exposure. When admitted to this Hospital the slough had separated as far up as the tarsometatarsal articulation, leaving all the metatarsal bones sticking out and making an extraordinary appearance. A sketch at this stage of the case was made for Long Ponton M.D. Gradually the bones became loosened and were removed, but the patient's constitution was so broken down, that but little reparative effort was made. From the beginning of his illness the patient was subject to occasional attacks of severe dysentery, which about the 1<sup>st</sup> of July changed into an exhaustive and obstinate diarrhoea. In spite of all the tonic and astringent preparations that he could take, the patient slowly sank, and died of sheer exhaustion July 1863



N<sup>o</sup> 31

## Amputation of Hip Joint

U. S. A. General Hospital Division N<sup>o</sup> 1Annapolis Md. Aug 19<sup>th</sup> 1863.

Sir

In reference to the case of amputation mentioned in the accompanying letter I have the honor to report Private Kelly Co B 56<sup>th</sup> Regiment Penna. Vols was wounded on the 26<sup>th</sup> of April 1863, below Fredericksburg. Amputation of the left Hip Joint was performed at the Fitzhugh House from which place he was taken prisoner June 15<sup>th</sup> 1863, and confined in Libby Prison, Richmond. He remained at the last mentioned place until July 14<sup>th</sup> 1863, when he was released and sent to this Hospital. On admission here he was very much debilitated, and had a severe diarrhoea, having as many as fifteen passages a day. The lips of the flaps had all united except the lower internal portion, which was in a gangrenous condition, having been attacked with Hospital Gangrene, while in Libby Prison, about the 8<sup>th</sup> of July. After admission here I ordered Pills of Opium, Speecac, and sub-nitrate of Bismuth for his diarrhoea, with beef-essence and rice jelly as diet. Tinct. Chlor. Iron was administered internally, 20 drops, three times a day. I made free use of Bromine, locally; but after three days trial, finding the sloughing still continued I stopped it and ordered a local application of Liq. Soda. Chlor. much diluted with water. This solution was not only applied by means of linen kept wet with it, but was thrown under the slough as much as possible, by means of a large syringe. On the 8<sup>th</sup> day after admission the slough came away, leaving a clean, healthy surface, which would easily accommodate a man's hand. The patient has continued to improve ever since and is now, I consider, out of danger.

over.



I am Sir

Very respectfully

Your obedient servant

/Signed/ Matthew Stowell

a. a. Surg. u.s.a.

Surg J. A. Vander Kift u.s.a.  
In charge

Mem. This case continues to progress favorably, he has entirely recovered from the gangrenous condition. The ulcer or slough is healthy, has filled up by granulations, to the size of a walnut, with strong tendency to cicatrize as the granulations come up to the surface level. I have seen him to day. He is cheerful, and confident of speedy restoration to strength. There is a small point in the line of union of the flaps, which is discharging pus, but otherwise and with the exception of the walnut sized space the flaps are well united. He has been removed to the (tent colony of) Surgical and other convalescent cases

/Signed/ Tho<sup>s</sup>. A. McPaulin

Surg u.s.a.

Medical Director of Hospital

Annapolis Md }  
Sept 17<sup>th</sup> 1863. }

"Private James B. Kelly Co. B. 56<sup>th</sup> Penn<sup>a</sup> Vols - Married - Age 28. (Post Office address, Black Lick Station - Indiana Co Penn<sup>a</sup>). Was wounded 29<sup>th</sup> of April in a skirmish, crossing the Rappa-hannock, by a conical ball, which fractured the upper portion of the shaft of the left femur. Was about 300 yards from the enemy. Shot about 9 A.M. - operated on about 2 P.M. Operated on in the field - after operation carried to



Fitzhugh House. taken prisoner 3<sup>d</sup> day of July, carried in wagon to Fredericksburg, taken to Richmond, reached there about 4<sup>th</sup> or 5<sup>th</sup>; taken to Libby Prison. Ration not one fourth our ration. Bread, tea, soup, twice a week. very poor. very insufficient. Appetite was good. In Libby Prison about 17 days. After he had been there about seven days Hospital gangrene attacked lower portion of wound only - sore as large as your two fists. at one time weighed about 63 pounds. His normal weight - leg on - 155 pounds. present weight 124 pounds. Left Richmond July 14<sup>th</sup> 1863 - arrived at Annapolis 15<sup>th</sup>. Gangrene became aggravated at Annapolis.

J. H. P.

This account obtained by me from patient Dec 10<sup>th</sup> 1863, when I examined him at Army Medical Museum. He was then perfectly well. had obtained his discharge.

J. H. P.

Nelson U. S. A. General Hospital  
Camp Nelson Ky  
Dec 20<sup>th</sup> 1863.

Doctor

I have the honor herewith to transmit you in accordance with your request - a slight sketch of "my Hip joint operation, during the time it was under my observation".

The patient was named James Kelly, a private of Co B 56<sup>th</sup> Regt Penna Vols, and was wounded on the 29<sup>th</sup> of April 1863. in the attack made by the 1<sup>st</sup> Division, 1<sup>st</sup> Corps, on the enemy's Rifle



Private James E. Kelly, Co. B, 60th Pennsylvania, aged 28 years, was wounded at about nine o'clock of the morning of April 29th, 1863, in a skirmish of the First Division, First Corps, on the Rapahannock, nearly opposite the "Pratt House," below Fredericksburg. A conoidal musket ball, fired from a distance of about three hundred yards, shattered his left femur.

A consultation of the senior surgeons of brigades decided that exarticulation of the femur was expedient, and the operation was performed, at four in the afternoon, at the "Fitzhugh House," by Surgeon Edward Shippen, U. S. Vols., Surgeon-in-chief of the First Division. The single flap method was adopted, and the amputation was accomplished with slight loss of blood.

The patient was at first placed in an hospital tent, and was transferred May 22d to the Corps Hospital, progressing favorably. By May 28th, all the ligatures had been removed. On June 15th, 1863, the patient was captured by the enemy, and was removed to the Libby Prison, in Richmond. Up to this date, there had been no bad symptoms.

On July 14th, Kelly was exchanged, and was sent to the Annapolis U. S. A. General Hospital. On his admission, he was much exhausted by profuse diarrhœa. The internal portion of the wound had united, but the external portion was gangrenous. Applications of bromine were made to the sloughing surface without amelioration. A chlorinated soda lotion was substituted, and in the latter part of July there was an healthy granulating surface.

On December 23d, 1863, the wound had entirely healed, and Kelly visited Washington, and obtained an honorable discharge from service, and a pension. At this date, the picture from which the photograph was taken was drawn by Hospital Steward Stauch, U. S. A., one of the artists of the Army Medical Museum. Kelly then went to his home, near Black Lick P. O., Indiana County, Pennsylvania. A letter, dated January 12th, 1865, was received from him at this Office, and represented him as in excellent health and spirits at that time.

The femur is preserved at the Army Medical Museum, and is numbered "Specimen 1148." The drawing is "No. 31, Surgical Series of Drawings."



pits on the south side of the Rappahannock and nearly opposite to "Pratts House", about two miles below Fredericksburg.

The wound was caused by a Minnie ball which struck the left femur about two inches below the great Trochanter producing a compound comminuted fracture, and splintering the bone as high as the Trochanter.

Upon consultation with the Surgeons-in-chief of the Brigades attached to the Division, it was decided that in order to give the man a chance for his life, that amputation at the Hip Joint should be performed.

I accordingly operated, being very ably assisted by Dr Murdock Surgeon-in-chief of the 1<sup>st</sup> Brigade

Dr New " " " 2<sup>nd</sup> "

Dr Browne " " " 3<sup>rd</sup> "

Dr Preston " " " 4<sup>th</sup> "

and other Medical Officers connected with the Division Hospital.

The patient being fully under the influence of Chloroform, was placed on the operating table, his buttocks extending well over the edge. A ten inch catlin was then introduced about midway between the Trochanter major, and the anterior spinous process of the Ilium, the point at first being directed slightly upwards in order to open the capsule of the joint, then the handle was raised and the point made to come out about an inch in advance of the tuberosity of the ischium. A large flap was then cut from the anterior and inner side of the thigh, about six inches in length, the hemorrhage being controlled by Dr Murdock grasping the flap and compressing the femoral artery



before it was cut with the flap. The heel of the knife was then placed where the point came out, and the point of entrance and exit joined by an incision cutting to the bone. Part of the capsule being opened by the first incision, the remainder of it was divided, the round ligament cut, and the head of the femur removed from the acetabulum. The hemorrhage was then arrested, the femoral artery being tied last. The loss of blood was very slight, not being so great as in an ordinary amputation of the thigh.

The operation was a primary one, being performed within five hours after the reception of the wound. The patient was afterwards placed in a Hospital Tent and remained under my charge until May 22<sup>nd</sup>, when, as our Division was ordered to move to Chancellorsville, he was transferred to the Corps Hospital under the charge of Surgeon Whitney 13<sup>th</sup> Mass Vols.

I did not see him again until <sup>May 27</sup> June 9<sup>th</sup>, when the Division having returned to its former position I was enabled to pay him a visit. I found him doing very well and Surgeon Whitney informed me that no unfavorable symptoms had shown themselves since the time that he had come under his charge.

He continued to improve daily, the stump granulating finely and on May 28<sup>th</sup> I removed the ligatures. On June 5<sup>th</sup> I received an order, assigning me to duty with the 1<sup>st</sup> Division 5<sup>th</sup> Corps and consequently after that date, saw no more of Kelly, but up to the time of my leaving the Division he was doing remarkably well. As you only ask for a sketch of the case, during the time it was under my observation, the



above will of course close my account. I  
 will merely add that I have lately received  
 a communication from my friend, <sup>Surgeon</sup> T. H.  
 Bache U.S. Vols. dated Dec 2, <sup>st</sup> 1863, stating  
 that Kelly had left the Hospital in which he  
 was, for his home, nearly recovered. I have also  
 received a letter from Kelly, together with a  
 Photograph of his stump, which showed that it had  
 entirely healed.

Very respectfully  
 Your obedient servant  
 Edward Shippen

U.S. Vols.  
 Surgeon

late Surgeon-in-chief 1<sup>st</sup> Division 1<sup>st</sup> Corps.  
 Surg J. K. Brimton U.S. Vols.  
 Washington  
 D.C.



N<sup>o</sup> 32

Joseph Keepers Co G 17<sup>th</sup> Penn<sup>a</sup> Cavalry  
 Gunshot wound of Neck  
 Transferred from Lincoln Hospital Washington  
 to Philadelphia June 22<sup>d</sup> 1863.

Surgeon General's Office  
 Washington D.C. Dec 18, 1863

J. H. Brinton U. S. Vols, desires information as to  
 the whereabouts of Private Jas. Keepers Co G 17<sup>th</sup>  
 Penn<sup>a</sup> Cavalry.

Office Medical Director  
 Philadelphia Dec 2, 1863

Respectfully returned with the information.  
 Private Jas Keepers Co G 17<sup>th</sup> Penn<sup>a</sup> Cavalry  
 is still a patient at McClellan U. S. A. Hospital.

/Signed/ John Campbell  
 Surgeon and Medical Director

McClellan U.S. General Hospital  
 December 24<sup>th</sup> 1863

Respectfully returned. Jas Keepers 17<sup>th</sup> Penn<sup>a</sup> Cav.  
 is still a patient in this Hospital, but he is  
 totally unfit for duty at present.

/Signed/ Lewis Taylor  
 Surgeon U.S. Army.  
 In charge of Hospital

McClellan U. S. Army General Hospital  
 (Ward No 4) Philadelphia Penn  
 April 15<sup>th</sup> 1864

Sir.

I have the honor to present the following  
 report of the case of Joseph Keepers; -

Joseph Keepers, Private, Co G, 17<sup>th</sup> Penn Cavalry  
 was wounded June 9<sup>th</sup> 1863, at Beverly Ford, Virginia, by a



Minnie Ball, while on his horse. The enemy were about 150 yards distant.

He entered Lincoln Hospital, Washington, June 10th and was transferred to this Hospital June 23d accompanied with the following Medical Descriptive List:

June 10th. The shock was very great. The ball passed through the neck, entering on the right side, just below the chin, at the anterior border of the sterno mastoid muscle. transversely backwards about three inches, and made its exit. The hemorrhage was very great. Ice applied. Diet low. June 11th - Very painful this morning (Continued treatment)

June 15th. Steadily improving; very little discharge from wound. Water dressing. Diet. half.

June 19th. Free discharge diet full

When he came under my care, June 23d, his general health and condition was good; the wound - which is a superficial flesh one - was healthy, discharging but very little and healed quite as readily as wounds made with a Minnie Ball. usually do, without any changes or symptoms worthy of notice.

He cannot turn his head but very little from side to side the sterno cleide Mastoid muscle having lost its powers of extension and contraction - the ball having passed through it.

Very Respectfully  
Your Obedt Servant

(Signed) Levi Curtis

Surgeon Lewis Paylor U. S. Army  
in charge of Hospital

A. A. Surg U. S. Army

McClellan W. A. A. Surg. Genl.	April 16-64	Levi Curtis	Act. Asst. Surg. U. S. Army	Reporting upon case of George Rogers	Co. E. 17th Penn. Cav.	McClellan W. A. A. Surg. Genl.	Philadelphia April 29/64	Respectfully forwarded to the Surgeon General U. S. Army in obedience to instructions	Lewis Paylor	Surgeon U. S. Army	In charge of H. Sp.
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N<sup>o</sup> 33

Isaac Benham C. A. 9<sup>th</sup> New York Cav.

Gunshot wound, outside of right thigh

"Lincoln General Hospital  
"Was furloughed for 50 days, July 22<sup>d</sup> 1863,  
and was reported as a deserter October  
1<sup>st</sup> 1863"

J. C. McKee

Dec 18. 1863

Returned to the Hospital and was returned  
to duty 1865.

On March 26<sup>th</sup> 1865 Benham called  
at the Surgeon General's Office, and reported that  
he was wounded at Beverly Ford, Virginia, on June  
9<sup>th</sup> 1863 by a conoidal musket ball which entered  
the fleshy part of the right thigh and lodged  
beneath the skin posteriorly, and was removed by  
incision on the field. He was ill at Buffalo, New  
York, at the expiration of his furlough and unable  
to report at the Lincoln Hospital. He joined his  
Regiment, and was honorably discharged on June  
30<sup>th</sup> 1865 as per G. O. No. 83. A. G. O. May 8<sup>th</sup> 1865.



Nos 34 and 35

Armory Square

Gunshot wound of left foot and right thigh

J. D. W. Henderson Co. A, 49<sup>th</sup> Penn<sup>a</sup> VolsJ. D. W. Henderson, Serg. A, 49<sup>th</sup> Pa,



N<sup>os</sup> 36/37

Armory Square

Andrew J. Bonner Co. 5<sup>th</sup> Regt La. Oct 20

Round Ball wound of left thigh, Rappahannock  
 Station Va Nov 7<sup>th</sup> 1863; ball entered about 2  
 inches below Poupart's ligament, inner side of  
 femur & passing directly behind the bone trans-  
 versely & made its exit.

Admitted to Armory Square November 9<sup>th</sup>  
 Transferred November 12<sup>th</sup> 1863.

Volume 3, page 15.



No 38  
and 39

Lewis Hock

Armory Square

Co. I - 119<sup>th</sup> Penna. Vols.

Wound of Ankle

Lee Houseman Record Vol 2 - page 50 - Spec. No 1903



N<sup>o</sup> 40

William Zilcox Co F. 29<sup>th</sup> New York Vols  
Picture of Secondary inflammation of knee  
Joint, following fracture of upper portion middle  
third of Femur - of which the specimen is in  
Museum No 1761.

Ward 1 Bed 17 - Lincoln General Hospital at Washington  
Name Wm Zilcox - Age 31 - Rank Private Co F. Regt 29<sup>th</sup> N.Y.  
Injury Comp'd Fract. left Thigh } Date of Admission June 14<sup>th</sup> 1863  
upper third showing large formation of callus } Attending Medical Officer  
Result Death October 6<sup>th</sup> 1863 } D. Weisel. A.A.S.

Date	Treatment	Diet	Remarks as to condition of Patient &c
June 16	Perri et Linnia 3i Spts Ferment 3 III M.S. a table spoonful full thrice daily also Whiskey 3 XVI Made in Milk Punch in 24 hrs.  Anodynes at night	Full	Has been in service 2 years - Health prior to injury very good - Rec'd at Chancellorsville while standing erect and in the act of firing his piece, the distance of enemy at the time unknown - on May 3 <sup>d</sup> a Gun- shot wound, the ball (conical) entering <sup>at</sup> the outer and middle portion of thigh passed upwards - fracturing the bone, the ball did not pass out, but lodged in the surrounding muscles, nor has it been discovered; - He was taken prisoner, and until he was released, June 1 <sup>st</sup> , received no attention whatever. June 1 <sup>st</sup> . He was then treated in the Hospital erected on the field from which he was removed to the above Hospital, June 14 <sup>th</sup> 1863. having been returned within our lines - his leg was dressed in splints - in which condition it was when admitted into Hospital - On admission he was exceedingly weak, and prostrated suffering much pain, there was 4 1/2 inches shortening - the splints were removed and the anterior splint applied - & continued for several weeks.  The suppuration being so great - that fear was entertained of pus burrowing towards the hip joint - the anterior splint was accordingly suspend- ed and simply extension by pulley and weight over

Spec. No  
Oct 29<sup>th</sup> 1861  
Comp. Com. frac of Femur  
(rec'd two weeks ago)  
Stanch made painting



Date	Treatment	Diet	Remarks as to condition of Patient
June 23			substituted.
" "	Plumbi Acet. $\mathcal{R}$ -		Was very troublesome diarrhoea
July 1	Pulv. Opii grs VI M. Ft. pill No X 1, one every two hours until Diarrhoea.		Diarrhoea still troublesome but not so serious
10	checked		Diarrhoea almost entirely checked
15			No diarrhoea, Appetite and general health improving.
Aug 1			Small abscess near the knee, not however troublesome
15			General health improving, one inch only shortening
20			Doing well
Aug 27	Surgeon attending opened a small abscess on the posterior portion of the thigh, immediately behind the seat of fracture.		
Aug 26	Several spiculae of bone were extracted through this opening, together with the bullet, which was flattened and contorted to a very angular form. Early in September the pus was observed extending down the inner side of the thigh and opening two inches above the internal condyle of the femur. By pressure pus could at any time be made to pass out of this opening, it no doubt communicating with the injury above. Constitutional symptoms still favorable.		
Oct 1	Effusion in the knee-joint of the corresponding side was noticed to day. The skin over the joint is of an erysipelatous hue. The joint is swollen. I was at first that the opening on the inside of the thigh communicated with the joint and		



Date	Treatment	Diet	Remarks as to condition of patient
Oct 1			<p>thereby causing a pyarthrosis, but it was afterwards thought to be a case of suppurative arthritis, and in no direct way connected with the pus producing surface about the seat of fracture.</p> <p>From the first appearance of this complication, the patient sank rapidly; the tongue became dry and brown; the stomach rejected all aliment; hiccough was a constant and distressing symptom. Severe pain was experienced in the limb.</p> <p>These signs of constitutional exhaustion continued without relief until the day of his death Oct 6<sup>th</sup> 1863.</p>

Fresh specimens forwarded.

W. Allen

A chromolithograph of this case was made by Julien Bien. It is marked plate XXV. - Second Surgical History Plate XXV - "Secondary Inflammation of the Knee joint"



N<sup>o</sup> 41

Hospital Gangrene of Shoulder.  
 Vander Keift - Annapolis. Md.  
 John Knowles 1<sup>st</sup> Tenn Cavalry

Medical Descriptive List

Ward 2 Sec 5 General Hospital Division No 1 at Annapolis Md  
 Name J. Y Knowles, Age 21, Rank Private Co E, Regiment 1st Tennessee Cav  
 Disease of injury Gun shot wound } Admission 3d July 1863.  
 Result recovery }  
 (Name of attending Medical Officer)  
 E. C. Malloch M.D. C.M.

Month	Date	Treatment	Diet	Remarks as to condition of Patient &c
July	3	Water Dressings	Full	Received a Gun shot wound in action 1st May 1863, minnie ball entering behind beneath the spine scapula. Lodging under the bone where it still remains; was taken prisoner same day to Richmond Va. Remained as a private patient under care of a private physician, and two weeks in guard house. At expiration of this time he was paroled at City Point, and brought here 3d of July.
July	16	Liq Sodae chlor f 3" Aqua Use as a wash	Low	Up to this date wound doing well At present appears unnatural. Is painful, inflamed, and emits a very disagreeable odour. Patient very restless complains of pain. Tongue coated with white fur. Pulse full and rapid 80 beats per minute Appetite very poor
July	18			



Month	Date	Treatment	Diet	Remarks as to Condition of Patient
July	20	Whisky Eight Ounces every 24 hours Poultice composed of yeast and Charcoal applied every five hours.		Wound presents a gangrenous appearance. Enlarged as to measure about three inches across with every prospect of it becoming larger
July	22	Beef Tea and nutritious diet		A part of slough separated wound now measures three and a half inches across. Unhealthy action almost stopped. Pain not so severe. General condition improved
July	24			Wound now presents a healthy appearance, granulation quite natural. Pain altogether absent can rest well at night appetite rather improved
Aug	1	Discontinued use of Poultice Water Dressing		Patient doing well with prospect of a favorable result.
Sept	1			Wound still continues doing well at present only about one and a half inches across

(Signed) E. C. Mallock  
a. d. S. U. S. A.

Still in hospital

March 21/1864

J. Y. B.



Waller Co: A 1<sup>st</sup> Ky Cavalry  
Hospital Gangrene. Amputation of Arm - from  
Surgeon Vander Keift - Annapolis Md

Written for  
Surgeon  
A. Q.

Office U. S. Army General Hospital No. 1  
Annapolis Maryland  
April 5th 1864

Surgeon J. H. Brinton U. S. Vols

Dear Doctor.

In reply to your letter of the  
2d inst I will state that the endorsement of your letter dated  
march 30th was erroneous. Private Milton Waller Co A  
1<sup>st</sup> Kentucky Cav was admitted to this Hospital Aug. 3. 1863.  
Was taken prisoner on Cumberland River June 1st 1863 and  
while in prison at Richmond was shot by one of the guards  
by a Minnie Ball which entered right forearm posteriorly  
in upper third. fracturing bone and implicating elbow  
joint. Amputation was performed above elbow joint same  
date. When admitted patient was feeble but doing well -  
on August 20th 1863. Stump commenced to take an un-  
healthy action. On the 24th inst. the entire stump  
attacked by Hospital Gangrene, treatment was confined  
to strict attention to hygienic measures and abundance  
of fresh air from bay. During a few days charcoal  
and yeast poultices to stump, with internal administration  
of Stimulants (especially ale) and a generous diet.

By the 30th inst, extension of sloughing process was  
arrested and from this date patient steadily improved.

Was furloughed completely well Oct 1863 and has not since  
been heard from. Was reported as having deserted while  
on furlough.

~~Dr. Stowell never finished his report on Hosp Gangrene  
and though I must confess that he is a perfect gentleman  
well educated etc, yet I must complain of his laziness  
for which reason I asked his transfer to another hospital.~~

My Amoketown Report should have reached you long  
time ago, if I had not been overcrowded with business



of all sort. My hospital contains for the present nearly 1300 patients and we are filling up very fast. Cases of the worse kind, but not a single surgical case. I will try to visit Washington next week and bring you a few specimens for the Museum.

If I can possibly find time I will have the report ready, but I never can go at it before 8 o'clock P.M., and then my dear doctor, my brain is so heavy that really I distrust it -

Very Truly Yours  
W. J. Vanderhook

(Signed)

Never applied for a pension.

Com. from Pens. Office, Feb. 4, 1873.

A Chromolithograph was made of this case for the Second Surg. Hist. Pt. 2. - A proof of the same was sent to Dr. O. July 22, 1873, and an edition immediately ordered. - J. Bier, Lithr. See also cases of Gardner and Davis on same date - July 22, 1873.



N<sup>o</sup> 43

Charles Keeble Co. C 10<sup>th</sup> Conn Vols  
 Gaspl Gangrene of left Forearm - from  
 Surgeon Vanderkeift Annapolis Md

Medical Descriptive List

Ward C, Sec 5, General Hospital at Annapolis Maryland  
 Name C. P. Keables, Age , Rank Priv, Co. C. Regiment 18 Conn Vols  
 Disease or injury *Vulnus Sclopeticum* } Admission Aug 3-1863  
 Result. }  
 (Name of attending Medical Officer) } Purlough Nov 24 - 1863  
 Charles Hayes - A.A. Surg. U.S. Army.

Month	Date	Treatment	Diet	Remarks as to condition of patient &c
Aug	3	Simple Dressings	Full	C. P. Keables Private Co. C. 18 Conn Vols - was admitted to this hospital Aug 3-1863. Wounded in action at Winchester Va. June 14. 1863 - conical ball entered outer portion of left forearm at lower third passing through slightly fracturing radius. When admitted was doing well.
Aug	13	" Charcoal and yeast poultices - Stimulants	Low Extras	Outer wound commenced to slough - slight chill followed by fever - pulse 90 - Headache
Aug	13	" "	"	Constitutional symptoms much the same - Slough increasing rapidly.
Aug	14	" "	"	Pulse 82 - No Headache appetite improving - wound still sloughing at lower side, along the upper edge it looks better.
Aug	15	" "	"	Slough is separating from upper side, but still continues on lower portion of wound. Pulse 80 Appetite very good.



Month Date	Treatment	Diet	Remarks as to condition of Patient
Aug 16			Slough is almost entirely separated wound throwing out healthy granulations.
Aug 18	Simple Dressings	Full	Wound is now clean and looks healthy. It is somewhat irregular in shape being about 4 inches long three wide and $\frac{1}{4}$ of an inch deep.
Aug 20	" . . "	"	Wound improving patient in good condition. Wound healed slowly and no important changes took place up to the 19th of Oct. when I was relieved from charge of patient

The above 'Keebles'  
described 'Dec 22/63'  
Ed. B. J. Vanderkist  
J. H. B.

A chromolithograph of this case was taken for the second Surgical Hist. part 2. - An edition of 5011 copies counted July 16, 1873. The plate is numbered XVI - J. Biss, Lith.

See Plate XVI - 'Hospital Gangrene'.

2<sup>d</sup> Surg Hist. Part 2.



NO 1888	N <sup>o</sup> 44	Vein	Private William Sailor
" 1890	45	Section	Co. C. 119 <sup>th</sup> Penn <sup>a</sup> Vols
" 1889	46	Femur	from Stanton Hospital
" 1887	47	Abscess of Spleen	Dr. L. D. Lell
		Femoral Artery	

Emulsified  
289 of 3  
Vols.  
J. J. J.

Gunshot fracture, with extensive comminution of left Tibia and Fibula. Secondary Amputation, fatal from Phlebitis.

Private Wm. Sailor Co. C. 119<sup>th</sup> Penn<sup>a</sup> Vols, aged 40 years and of large, robust make, was wounded in the left leg by a conoidal bullet at Rappa-Hamock Station Nov 4<sup>th</sup> 1863. He was admitted to Stanton Hospital Nov 9<sup>th</sup> 1863. On examination it was found that the left leg was much swelled and dark colored on its anterior surface, that there was no pulsation in the anterior tibial artery, and that both the Tibia and Fibula were extensively comminuted, with much laceration of the soft parts. His pulse was frequent and irritable, he had a good deal of constitutional disturbance, and fever of an irritative type.

Nov 14 Fever abated, general condition much improved. pulse fuller and less irritable, appetite better, wound suppurating, discharge thin, dark-colored, and offensive, leg not improved, manifestly no hope of saving it, bones broken and soft parts inflamed nearly up to the knee joint - comminution very extensive.

The limb was amputated in the lower third of the thigh by the circular method. Operation performed by Asst Surg George A. Mursick U.S. Vols. under Sulphuric Ether. He bore the operation well. Dissection of the limb, showed that the bones were extensively comminuted as high up as high up as the head of the fibula. The anterior tibial artery was found divided, a little below where it passed through the interosseous,



- membrane, by the bullet. The ends were separated from each other about one inch. They were retracted within the sheath, and also closely contracted. The cardiac end was plugged up by a firm coagulum about one inch in length. The distal end was also plugged up by a small coagulum. The anterior tibial muscles were pale yellow in color, soft and greasy to the touch (fatty degeneration). The stump was dressed with lead sutures and adhesive plaster. A full dose
- Nov 15 of Morphine was also administered. Had had a good night's rest: expressed a desire for food, pulse full, frequent, and quick; bowels confined, ordered Sal. Rochelle  $\mathfrak{z}\mathfrak{j}$
- Nov 17 Suppuration commenced; but little of the stump united by adhesion; general condition good: prescribed moderate stimulation with whiskey
- Nov 18 Edge of posterior flap looked sloughy, ordered Labanques solution (diluted) to the stump and Tinct. Ferri Muriat. gtt's XX every six hours internally.
- Nov 20 Had a chill in the morning, followed by fever and sweat, skin looked sallow, granulations in stump looked well, except on the posterior flap, a small portion of which was sloughing: ordered Quinia Sulph. grs V every six hours. Tinct. Ferri Muriat. gtt's XX every four hours, and whiskey  $\mathfrak{f}\mathfrak{z}\mathfrak{i}$  every three hours
- Nov 21 Had a chill in the afternoon; sallow appearance of skin deepened; pulse irritable; slight subsultus; bowels not moved for two days; ordered Pulv. Aloes grs X. Pilul. Rhei grs XX, at once; other treatment continued.
- Nov 22 Had chills again in the morning; pulse more frequent and feeble; had chills again in the afternoon, with slight delirium; ordered Hydrarg. Chlor. Corrosiv



grs  $\frac{1}{12}$  Potap Iodid grs  $\frac{1}{11}$  every four hours and whiskey continued

Nov 23 Vomited in the morning, had also a good deal of fever. Sinapison to Epigastrium

Nov 24 Rigors - etc in the morning; treatment continued

Nov 25 Rigors, fever, and delirium; skin very yellow.

Nov 28 Rigors, fever, and delirium, urine passed involuntarily, bed sore on Sacrum - ordered a water bed.

Dec 1st He died, exhausted on the 17<sup>th</sup> day after amputation and on the 11<sup>th</sup> day after the advent of purulent infection.

Autopsy 12 hours after death. some emaciation, skin yellow, rigor mortis well marked, stump swollen and oedematous, femoral artery well plugged up in stump, femoral vein empty and collapsed from the end up to the valve at the first anastomosing branch, a distance of about six inches. In this situation the vein is about as large as the Artery; the walls of vein are also much thickened. The are about as thick as those of the Artery; the lining membrane looks velvety, wrinkled, and dirty gray in color. No pus in vein from the valve above (mentioned up to the mouth of the Vena profunda), a distance of about Two and one half inches the femoral vein is filled to distension with fetid, broken down, liquified blood: lining membrane of vein, dirty gray colored in this situation; Walls of vein somewhat thicker than natural, no pus in vein in this locality is revealed by the microscope, femoral vein plugged up with yellowish white fibrine at mouth of vena profunda; the vena profunda and many of its branches are filled and knotted with recent coagulum; the femoral vein is also filled with a recent coagulum, above the mouth of



the profunda to a distance of about Two and One half inches. The lining membrane of the profunda, and the part of the femoral vein last mentioned is stained dark red, and the walls of the vessels are somewhat thickened in same locality; a thin dark colored recent coagulum, not filling the calibre of the vein, extends the whole length of the external iliac.

End of femur in stump necrosed to extent of nearly half an inch, here the periosteum is thickened, ranging detached and gangrenous, underlying bone white in color from a line to one third of an inch. Medullary Membrane at end of bone gangrenous and dirty grayish green in color to the depth of about one third of an inch. Medullary Membrane elsewhere more vascular than natural, which was well shown by splitting the bone lengthwise with a saw. No pus detected in Medullary cavity.

Three or four small superficial abscesses were found about the right extremity of the spleen: the rest of that organ was contracted and indurated.

A number (Five or Six) of small superficial abscesses were discovered in the lungs: The pulmonary tissue surrounding each of them was consolidated by inflammatory action.

Other organs natural, blood did not exhibit any abnormality.



Nos 48 and 49

MUSEUM NOS

1892 and 1819.

1860

## Sections of Femur showing Small Abscesses

James N. Saxton Private 9<sup>th</sup> La (Rebel)  
From Stanton Hospital (Dr Tidell)

Gunshot wound of right knee: Secondary. Arthritis occurring nine days afterwards. Amputation of thigh in lower third about 36 hours subsequent to the accession of the Arthritis

J. N. Saxton Co D. 9<sup>th</sup> Louisiana (Rebel) aged 27 years and of sound constitution was wounded Nov 24<sup>th</sup> 1863 at Rappahannock Station Va, by a conical bullet which entered the right knee, about three inches above the patella, and on a line with its inner margin, and passed backwards downwards - and a little inwards, escaping from the postero-inner side of the calf of the leg, about six inches below the joint, fracturing the inner condyle of the femur (the bullet passed through it), but without opening the cavity of the joint.

Patient said that the knee was bent at the time of infliction of wound.

He was admitted to Stanton Hospital Nov 9<sup>th</sup> 1863. He did well having good spirits, a good appetite and but little pain or swelling of the injured part, till Monday night Nov 16<sup>th</sup> nine days subsequent to the wounding, when he took a heavy chill with great pain in, and about the right knee, and the injured part became hot and swelled. On the morning of the 17<sup>th</sup> he exhibited great constitutional disturbance. - Skin hot, tongue coated white, pulse very rapid, gaseous, and weak. The right knee was much swelled and exquisitely tender, and he complained of intense pain in it. - The anterior orifice of the wound presented a gelatinous appearance, with elevated and everted edges, he appeared so feeble, that I thought he would



not then bear the shock of Amputation. I ordered him to take whiskey frequently with Anodynes.

The next day, Wednesday Nov 10<sup>th</sup>, his general condition appeared unchanged with the exception of his pulse, which was stronger, and not gaseous. it was 120 by the watch: he had not slept during the night: he complained of great pain in the knee: it was rather more swelled, and the tumefaction was extending up the thigh. The Gunshot wound presented the same gelatinous appearance as yesterday. The skin over the crasis veins looked purple-colored, but the veins did not exhibit any induration.

Amputated the right thigh in the lower third, by the flap method at one o'clock P.M. Nov 10. 1863 about 36 hours subsequent to the accession of Secondary Arthritis.

Patient was under Sulphuric Ether  
He bore the operation well.

Examination of the amputated member, showed the inner condyle of the femur to be extensively comminuted. There was a layer of yellowish-gray-colored plastic exudation on the articulating surface of the fragments in the joint - cavity of joint contained about three ounces of reddish-brown-colored liquid, in which shining globules floated, that resembled oil in appearance. The synovial membrane, reddened, especially the pouches of it in relation with the quadriceps extensor crasis. The bullet passed behind the joint. The subcutaneous areolar tissue was infiltrated with a yellowish serum,

Specimen, turned over to Dr Brinton U. S. V. Nov 19<sup>th</sup> 1863 for the Army Medical Museum

Nov 21<sup>st</sup> 1863 - Patient doing well



(Signed.) John A. Lidell  
Surg. U. S. Vols.

Continuation of the case of Private James K. Saxton  
9<sup>th</sup> Louisiana (Rebel) who had his thigh amputated  
Nov 10<sup>th</sup> 1863. for traumatic inflammation of knee.  
Knee-joint turned over to Dr Brinton - November 10<sup>th</sup>.

- Nov 19<sup>th</sup> Tongue coated - appetite poor - moderate diarrhoea,  
evacuations very offensive in smell - ordered Pil Hydrarg.  
grs V at night and free stimulation with whiskey.
- " 20 Patient comfortable - stump looked well - diarrhoea  
continued unchanged - during several days following  
it gradually abated, and he progressed well in  
every respect.
- " 28 Patient cheerful, tongue clean - appetite good, Bowels  
regular - stump but little swollen - granulation  
healthy - suppuration moderate in quantity and  
laudable in quality.
- " 30 Patient appeared to be doing well, but he complain-  
ed of a good deal of pain, in and about the stump.
- Dec 1 He was restless and complained of increased pain  
in the stump, especially about end of bone in it.  
No preternatural swelling, redness or heat in the  
stump - prescribed Morph Sulph gr  $\frac{1}{4}$ , Hoffmanns  
Anodynes f  $\frac{3}{4}$  every four hours.
- Dec 2 He was more restless, appeared much agitated.  
and very nervous, got but little sleep, complained  
of agonizing pain about end of bone, and end of  
femoral artery - There were exacerbation in the pain,  
and sometimes the whole stump ached, There was



no febrile excitement, and nothing untoward in the appearance or feel of the stump. It was not swelled, nor red, nor hot; said he felt faint and weak.

Dec 3

Had a bad night, complained much of sickening pain in end of stump, and in the bowels. About 7 O'clock A.M., the ligature separated and most profuse hemorrhage occurred. The blood poured out in a stream as large as the calibre of the artery. It was finally stopped by digital compression, but in the meantime he had lost more than six pounds of blood which brought him very low. He was stimulated as freely as possible with whiskey and carbonate of ammonia, but did not rally. He died about 3 P.M. Digital compression controlled the bleeding perfectly.

Autopsy 23 hours after death, Surface of body very pale and waxy (expanguinated): rigor mortis strong; the superficial lymphatic ganglia lying along the vena suphena magna of amputated thigh are all enlarged and exhibit a faint reddish hue on section. deep ganglia not affected, Stump not oedematous: healed throughout except in the track of the ligatures and at the end of the bone - no part sloughy. The femoral ligature had come away, and the end of the vessel was patulous, uncontracted and unobstructed. The coats of the Artery were infiltrated with blood (recent,) at the end of the Artery and for about half an inch above it; a branch of considerable size was given off from the Artery, about  $\frac{3}{4}$  inch above the end, which had evidently interfered with the formation of a suitable clot for the permanent plugging up of the vessel. There had been but little effort towards effecting occlusion - no other abnormality in the Artery. The end of the femoral vein was well sealed up.



The vein itself was diminished in size up to nearest valve, at distance of about an inch: its walls were thickened in some locality so as to equal those of the femoral Artery; lining membrane not stained with blood, no emboli, and no thrombi found anywhere; no vein presented any abnormality.

The *veina profunda* was not overlooked. A remarkable osteophyte was found in relation with the femoral Artery and vein, at their respective ends in the stump. It was developed from the (connected with) the *linea aspera*, a little above the end of the femur, and thence passed horizontally inwards, separating, or forking, into two distinct plates towards the end, of which the one lay in front of, and was closely adherent to that side of the Artery, at and near its end, and the other lay behind, and was adherent to the vein, at and near its end. This osteophyte was about  $\frac{1}{8}$  inch wide were broadest and  $\frac{1}{4}$  inch thick. It was of recent formation.

The lower part of the femur in the stump was moderately enlarged by deposit (laminated) of new bone beneath the periosteum (hyperostition): this membrane was detached for about  $\frac{1}{4}$  of an inch above the line of the saw, all the way round the bone, which presented a dull white color in that locality: the medullary membrane was noticed to bulge out a good deal at the end of the bone, and to present a dark red or reddish brown color. It was also strong and tough (flesh like)

On sawing through the lower part of the femur lengthwise, and cleaning off the bone dust the medullary membrane was seen to be more vascular than natural: the medullary tissue exhibited about a dozen small, milk colored abscesses - showing pus under the microscope - on the surface of the section. varying in size from that of a split pea to a



mustard seed. The section was 4 and  $\frac{1}{4}$  inches long. The osseous tissue outside of the medullary canal, was more compact and heavier than natural in the same locality; the periosteum was thickened to the extent of from one to three lines and more vascular than natural. The thickening was greatest where it had been detached from the bone. There was a small abscess, flattened in shape, and holding about an ounce of cream-like pus in the musculus quadriceps extensor crasis. The red muscular tissue in immediate relation to it, was changed to a dark-Brown color. which however did not extend to any depth.

Spleen enlarged; other organs all exsanguinated but they presented no other abnormality.

Femoral Artery and femoral vein, with portions of the osteophytes attached to them, and a section of the femur (lower end) turned over to Surg Brinton W. S. V. as specimen for the Army Medical Museum Dec 4th 1863.

*This case to be contrasted with the other case of Dr Liddell in which local Gangrene extending Medullary Canal.*

*J. W. B.*



Nos 50 and 51

Section of Pinned, showing complete gangrene of  
Medulla - Asst Surg W. Thompson U. S. A. Douglas  
Hospital

Sergeant John Sprunt, <sup>Co. B.</sup> 4th N. Y.

Dr. Wm. H. ...



Femoral Vein showing Clot - Asst Surg W. Thompson  
W. S. A. Douglas Hospital.

Femoral Artery, occluded, showing plug.

3991  
2246  
2247



Nos 54 and 55

Femoral Vein  
and  
Artery

Dr. Thompsons case  
Douglas Hospital.

~~2259~~  
~~2259~~

D. R. — 7. End.



Camden St Hospital,



N<sup>o</sup> 56

John Butler Excision of Shaft of Humerus, performed by  
Surg General Hammond U. S. Army.

John Butler, Private, Co C, 2<sup>nd</sup> U. S. Infantry, aged 27 years, was wounded at the 1<sup>st</sup> battle of Bull Run Virginia, July 31<sup>st</sup> 1861 by a conoidal ball, which entered on the outside of the middle third of the left arm below the insertion of the deltoid, emerged posteriorly. About the 12<sup>th</sup> or 15<sup>th</sup> of November 1861 Surgeon General Hammond U. S. A. excised about two inches of the middle third of the shaft of the humerus, at Baltimore, Maryland. The patient was discharged April 24<sup>th</sup> 1862. Wound not quite healed. A false joint now exists at the middle third of the humerus. Can swing the arm at shoulderjoint, very little motion at elbowjoint, although the substance of the biceps and triceps are not interfered with. Motion of the hand is perfect. pronation and supination of forearm perfect. - In other words, cannot elevate the limb. The deltoid is partially attached. Wound ceased to discharge about about May 1<sup>st</sup> 1862. General Health good. Has been acting as Watchman at the Lawsons Hospital, St Louis.

This sketch is by Mr Stauch, elaborated by Mr Baumgras.



## Medical Descriptive List

Ward Mc Veigh Bed 3rd Division Gen Hospital at Alexandria Va  
 Name Merritt B. Asstye, Age 22 - Rank Private Co F 10<sup>th</sup> Reg U.S. Vols  
 Injury Gunshot wound of foot - Result Death Dec 27<sup>th</sup> 1863  
 Date

Date	Treatment	Diet	Notes
Dec 5	Water Dressing	Full	Patient was wounded at Mine Run on the 27 <sup>th</sup> day of Nov 1863 by a conical ball entering the anterior surface of left foot fracturing the cubiform bones.
Dec 14	Amputation at Knee joint	Extra	The Ball was extracted at the orifice of entrance on the field.
" 15	Quinia Iron Acetate of Ammonia Stimulants		At time of his admission there was much tumefaction and inflammation of foot and leg, which at first seemed to yield to treatment, but on the 10 <sup>th</sup> inst evidences of Gangrene began to show themselves, and on the 14 <sup>th</sup> the leg was amputated at the knee joint by Surgeon Edwin Bentley U.S. Vols. On the 20 <sup>th</sup> there were symptoms of Pyæmia, the countenance became sallow and anxious, and a severe chill occurred, hicough set in followed by loss of appetite and profuse sweating.

Post mortem 18 hours after death - Liver, Kidneys, Spleen, and Bowels healthy, Lungs much discolored and some effusion of pus in the cavity of the chest. There was great hypertrophy of the heart and some effusion within within the pericardium.

Specimen sent to Dr Brinton U.S.V.

Knee joint and heart

A. P. Crafts

Attending Medical Officer



N<sup>o</sup> 57

Meritt B. Aseltine

Popliteal Artery, Ligature partially detached, internal clot blocking up opening in end of Artery from Amputation of Knee joint by Surgeon E. Beatty U.S.V. 3rd Division Hospital Alexandria, Va.

Dec 28<sup>th</sup> 1863.

Made section of Knee-joint - Femur healthy although denuded periosteum 6 inches above joint, synovial membrane on crucial ligaments cysted cartilage of femur thinned and inflamed the whole color changed and absorption commencing.

Popliteal Artery. Ligature had partially sloughed and the base of the long thin internal clot had come down and projected through opening made by ligature in walls of Artery - no hemorrhage -

J. H. B.



N<sup>o</sup> 58

J. Lake Corp Co A. 14<sup>th</sup> Regt N.Y. Vols. Osteo-  
 M. Spec 1987. Myelitis circumscribed Abscep of Yammus. by Surgeon  
 received E. Bently U.S.V. 3rd Division Hospital Alexandria  
 Vol 2 p 88. Va.

### Medical Descriptive List

Ward 4 Bed 676. General Hospital at Alexandria Va  
 Name Joseph Lake Age 44. Rank Corp Co A Regt 14<sup>th</sup> N. Y.  
 Injury Amputation left arm Admission Dec 5<sup>th</sup> 1863  
 Result Death Dec 25<sup>th</sup> 1863 Attending Medical Officer  
 W. G. Elliott Act Asst Surg U.S.A.

Date	Treatment	Diet	Remarks as to condition of patient-
			He was wounded Dec 27 <sup>th</sup> near Locust Grove (in action) Gun Shot wound left arm which was amputated at middle third, on the field. General condition good. Wound progressed favorably until Nov 15 <sup>th</sup> , united except at two points.
Nov 15			While attempting to sit up in bed, pro- fuse hemorrhage occurred, which was promptly arrested by pressure over the bronchial artery, hemorrhage recurred on relaxing pressure, the bronchial artery was ligated at upper third of artery.
Nov 17			Hemorrhage occurred again, slight chills, fever, and sweating, loss of appetite, loathes all nourishment.
" 20	Takes a little Brandy & Egg Mix. Rx Sulph Quiniazgrj Sulph Acid Ar gr $\frac{1}{4}$ V fii every 4 hours		Slight hemorrhage which was arrested by pressing in lint soaked in solution, Ferri per Sulphat.
" 23	Rx Tinct Ferri Chlorid XX		Chills
" 24	3 times a day		Profuse hemorrhage and chills, Stump of and artery secured, supposed to be the Superior profunda. Died Dec 25 <sup>th</sup> .



Continued

Dec 27th Post Mortem - Cavities in stump filled with, pus, posterior portion of left lung covered with coagulable lymph, slight effusion within cavity, abscesses in left lung, other organs healthy -

One circumscribed abscess  $1\frac{1}{2}$  inch between head of bone,  $\frac{3}{4}$  inch long,  $\frac{1}{4}$  inch wide was filled with pus (examined microscopically) Several other smaller abscesses were scattered down the course of the shaft near extremity - Medullary Membrane, was loosened and easily torn - Periosteum was separated from the bone for two inches, corresponding to the softened Medullary matter in the lower extremity of the bone -

J. H. B.



See also page 43.

Medical Descriptive List

Ward 5 Bed 239. Douglas General Hospital Washington D.C.  
 Name Hermann Straues Age 32 - Rank Private Co F. 145 Dr. Y. Vets.  
 Injury Gunshot wound of Penis and Gangrene of feet  
 Result Death July 24th 1863.

Attending Medical Officer - C. C. Lee  
 Asst Surg U. S. A

1863.	Date	Diet	
	June 17 Rx Quinac zi	Full	<p>When admitted this patient stated he had been shot through the Corpora Cavernosa of the penis at the battle of Chancellorsville May 3<sup>d</sup> 1863. The urethra was not injured and with the exception of the retention of Urine for 10 days he recovered without difficulty. When wounded he was captured by the enemy, in whose hands he remained 7 days, All this time he was lying out with- out shelter, most of the time in the rain and with very little to eat. The day after he was brought back to our lines his Surgeon observed incipient Gangrene in both his feet. This was attributed to exposure. When submitted to this Hospital the slough had separated as far up as the tarso- metatarsal articulation, leaving all the metatarsal bones sticking out and making an extraordinary appearance - a sketch at this stage of the case was made for Surg Brinton U. S. V. Gradually the bones became loosened &amp; were removed, but the patient's constitution was so broken down, that but little reparative effort was made. From the beginning of his illness the patient was subject to occasional attacks of severe dyspepsia, which about the 1st of July changed into an exhaustive and obstinate Diarrhoea. In spite of all the Astringent preparations that he could take, the patient slowly sank, and died of sheer exhaustion July 1863</p>



Medical Descriptive List

*Arb's BR p. 149.*

Name Adam Gaplin Age 26. Rank Corp Co B. Regt 6<sup>th</sup> Va Cavalry  
 Injury Trephining cranium } Attending Medical Officer  
 Result Recovery - } Dr Aradie.  
 from Philadelphia } Treated at Columbia College

Date	Treatment	Diet	Remarks as to condition of Patient &c
			Hurt Jan 5 <sup>th</sup> 1862, by a stone, thrown at him - Partially stunned, was sensible for two days, then he became delirious. Then taken to Columbia Hospital and trephined several pieces extracted - Several pieces have since come out. Was in bed about three months, and has been on duty ever since, riding 10-15 miles a day - Perfect health all this time - Discharge from opening. No pain - No giddiness -

1863. June 19<sup>th</sup> -

Examined the patient myself and obtained this history from him -

*J. H. B.*

*1864 Feb 24. Saw this man perfectly well. No head ache. Says he does not feel the injury at all. 1864.*



N<sup>o</sup> 59  
AND  
60

Chas. H. Dudley Corporal  
11<sup>th</sup> Ind. Battery.

Hospital Gangrene of Leg and ankle.  
Specimen in Ufaing Medical Museum.

Admitted into Ufa General Hospital. Division No 1. Annapolis. Md.

Exhibitions. Oct. 29<sup>th</sup> 1863.

55.

Wounded by conical ball entering inner portion of right foot, about two inches in front of ankle joint received at Chickamauga Ga. Sept. 21/62. date of operations Nov. 24. 1862. Circular method Chloroform used very little blood lost. Patient reacted not very promptly.

Original wound was doing well, but a large deeply excavated sloughing wound immediately below right knee joint which appeared Nov. 19<sup>th</sup> 63. extended to the posterior surface of the tibia and fibula and involved the popliteal artery causing hemorrhage, and the tissues about the knee joint were found very extensively destroyed.

Was rather feeble from loss of blood day previous, but in a very favorable condition for an operation.

Favorable to Dec. 2<sup>nd</sup> though Diarrhoea continued. on 2<sup>o</sup> Diarrhoea was none, condition less promising, & hemorrhage & which debilitated him more, and commenced to fail. Treatment was Pill opiu, essence of beef tea, Spt. Frumenti, and fresh air in a tent.

Death December 10<sup>th</sup> 1863. Frequent hemorrhages in a debilitated constitution, and probably the shock of the operation.

Thos. A. McPaulin Ufa Med. Director of Hospital. Patient's wife objected to an autopsy.



# Medical Descriptive List

Ward H. Sec 5.

General Hospital at Annapolis Maryland

Name Charles F. Dudley Age

Rank Corp'l 6 - Regiment 11th Ind Regt.

Disease or injury Vulnus Schlopetium

Admission Oct 29/1863

Result

(Name of attending Medical Officer)

Charles Hayes

Transfer to Charge of Act Surg W. S. Ely M.D.

Oct 19/1863

Month	Date	Treatment	Diet	Remarks as to condition of patient &c
Oct	29	Stimulants Tr. Ferri Muric 15 drops three times a day in water. Whiskey ten ounces daily To check diarrhoea a pill three times a day of Argent citras Puls Opii - aa grs ss. Also an injection of Acid Lactic grs xx Camphr grs vi Morph Sulph grs ss. Aqua Starch ℥ viii	Low Extras.	Charles F. Dudley Corp 11th Ind Battery was admitted to this Hospital Oct 29-1863 from Steamer New York. Wounded in action at Chickamauga Geo Sept 20th 1863. by conical ball entering inner portion of right foot, about 2 inches in front of ankle joint - ball supposed to be still remaining. On examination I found the wound had sloughed over the surface of five inches in diameter and nearly 1/2 inch deep. Patient weak, with much diarrhoea - little appetite - pulse regular at 80 - tongue slightly coated.
Oct	30	Applied Ferri Pur Sulph		Secondary hemorrhage occurred which was at once arrested
Oct	31	Again used the Iron and applied a precautionary tourniquet		Hemorrhage reoccurred and was checked as before In a few hours the limb commenced swelling from the knee to extremity, no pain nor redness - small vesicles formed over whole



Mon. & Date	Treatment	Diet	Remarks as to condition of Patient &c
	A compress of lint saturated with Lig Perri per Sulp was applied to the wound		surface of limb which on opening discharged a thick mucus. Hemorrhage again took place in the night. I now removed as much of the slough as possible, and found the bleeding to proceed from the Coracalis Radialis Artery.
Nov 1st			No hemorrhage to day. Patient is very weak. Diarrhoea better.
Nov 2	Charcoal and yeast poultices		Removed Compress Patient is improving slowly no more hemorrhage
Nov 5	" " "		Patient still improving.
Nov 8	Charcoal poultices and a wash of Oreosote gtt's x 1. Acid Acetic ʒi Aqua ʒvi		Limb commenced to slough just below knee joint on posterior surface of limb.
Nov 13	" " "		Patient gaining with exception of slough below knee joint which still continues.
Nov 15	" " "		Patient in much the same condition. Slough now extends from lower edge of fibula on one side to lower edge of <sup>Fibula</sup> fibula on the other. about one and a half inches wide and 1/2 inch deep. The edges are of a dark bluish colour, and crested, The bottom of the Ulcer is of a dirty grayish colour. The odour is very offensive.
Nov 19			To day I was relieved from charge of Patient

Charles Hayes  
M.D. & Surg. N.S.A. over



# Medical Descriptive List

Ward 7. Bed 3 General Hospital No 1 Annapolis Maryland  
 Name Charles W. Dudley, Age 27, Rank Corporal, Co 11th Regt Ind Artillery  
 Disease or Injury Secondary Hemorrhage Admission Oct 29/63  
 Result (amputation of right thigh in lower 3d  
 (Name of attending Medical Officer) Wm S. Ely Asst Surg. U.S. A. Death Dec 11th 63

Month	Date	Treatment	Diet	Remarks as to condition of patient etc
1863	Oct 19	<p>Lower wound to be dressed with cloth moistened with Glycerine.</p> <p>Sloughing wound in popliteal region to be dressed with.</p> <p>R. Carbonis Signae Cervicis</p> <p>Perment aa. g's</p> <p>M. Ft Cataplasma S.</p> <p>to be renewed twice daily</p>	Low	<p>This soldier was admitted to this hospital October 29th 1863. from Richmond per Steamer New York suffering from Gun shot wound of right foot received as stated by patient in action at Ollicamunga Pa. Sept 20th 1863</p> <p>Soon after admission a phagedenic ulcer made its appearance on posterior face of right leg, immediately below right knee joint. This ulcer continued to Enlarge and when patient came under my charge today, an examination disclosed a large, deeply excavated sloughing wound immediately below right knee joint extending to the posterior face of Tibia and Fibula.</p> <p>Patient's general health appeared favorable, A superficial wound on inner face of right ankle joint from which patient <sup>had suffered</sup> hemorrhage in October now presented a healthy granulating surface. Had been troubled some with Diarrhoea but Alvine discharges are now less frequent.</p> <p>Patient states that he feels well</p>
Nov	20	Continue treatment		



Month Date	Treatment	Diet	Remarks as to condition of patient &c
Nov 21	<p>R. Pulsiferae gr IV  Puls Opie gr V  Hydrarg Chlor Mis gr III  M. Fiat Pilulas XX  S. one every four hours</p>		<p>The sloughing wound is discharging freely. Pus not quite so offensive in odor as yesterday.</p> <p>Patient states that discharges from his bowels have been more frequent during past night. Otherwise patient appears as well as on previous occasions - Cataplasms are correcting factor of discharges from popliteal wound.</p>
Nov 22	<p>R. Spiritus Prunella fʒi  Aquae q's  ℞. Faustus ℞  S. Sumend Statim</p>		No change to report
Nov 23	<p>To apply directly to wound  lint soaked in</p> <p>R. Ferri persulph.  and bound closely upon  wound with (2) two or (3) three  turns of roller bandage -</p> <p>To take stimulants every  two hours</p>		<p>Was called suddenly at 10.30 o'clock this AM. to see patient - A few moments before I was notified nurse perceived blood streaming from bed upon the floor and on examination found that it proceeded from wound in popliteal region. Before a Medical Officer had reached the patient he had lost 8 ounces of blood and was in a state of partial syncope.</p> <p>Finger compression of femoral artery on os pubis, restrained hemorrhage completely. Under influence of stimulating draught patient gradually revived and hemorrhage was completely arrested by Compress. Tourniquet was applied loosely upon limb and detail of Medical Officers made to watch patient constantly. No hemorrhage from wound during night. Patient appeared in a very favorable condition for an operation if one was if one was rendered necessary. It was impossible</p>
Nov 24			



Month Date	Treatment	Diet	Remarks as to condition of patient
			<p>yesterday to ascertain artery from which hemorrhage proceeded though from all the circumstances it is highly probable that the hemorrhage proceeded from the popliteal artery. A consultation of Medical Officers was held and propriety of operative interference discussed - Patient was placed upon operating table and chloroform administered with a view to a thorough examination of wound. Dressings were removed as soon as Anæsthetic had operated sufficiently, Wound from which hemorrhage proceeded was thoroughly examined and diseased tissues found more extensive than was at first supposed. The finger could be passed beneath superficial border of ulcer to a considerable extent and the popliteal artery was discovered to be divided by the extent of the ulcerative process. Amputation of the diseased member was determined upon as the only rational treatment under the circumstances -</p> <p>It was immediately performed after the circular method directly above knee joint by Surgeon Thos A McParlin B. S. A. Medical Director at this place assisted by Surgeon B. A. Vanderkift B. S. Vols Surgeon in charge</p>



Month	Date	Treatment	Diet	Remarks as to condition of patient &c
		<p>Patient to have concentrate essence of beef and spiritus Truimenti alternately at intervals of one hour and to take imme- diately</p> <p>R. Pil. Opii No I</p>		<p>Patient bore operation well and tissues at least of operation appeared healthy No sutures were used to approxi- mate flaps wet straps being the only retentive treatment employed.</p> <p>At 9 o'clock P.M. patient found comfortable and he said he felt free from pain and easier than at any previous period in 24 hours. Patient takes nourishment with an apparent relish. Pulse 130 per minute some indications of inflammatory reaction. Stump very sensitive No change to report</p> <p>Patient appears to be improving - Tongue presents a favorable appear- ance, Pulse still rapid</p> <p>Patient full as well as on any previous occasion. Has considerable appetite and better control of his bowels</p> <p>Found patient not quite as well this AM. Countenance looks dubious and patient says he has lost his appetite and has been trouble more with diarrhoea</p>
Nov	25			
Nov	26			
Nov	27			
Nov	30			
Dec	2	<p>To be removed at once from room to tent to take beef tea and whisky regularly and to resume pills prescrib- ed Nov 21st.</p>		



Month	Date	Treatment	Diets	Remarks as to condition of patients
Dec	3	Treatment continued		The fresh air from the bay has had a beneficial effect - apparently Pills have effected diarrhoea favorably.
Dec	5th			Patient's wife arrived to night. Meeting her under the present circumstances has completely unnerved him and I fear unfavorable consequences.
Dec	7th			Patient not as well evidently failing. Appears exceedingly childish and at times very slightly delirious.
Dec	8th			At 5 O'clock this AM, patient had an attack of hemorrhage from his stump and lost eight ounces of blood. Hemorrhage was arrested but the patient already excessively weakened was ill able to withstand such a drain upon the vital fluid he exhibits marked pallor of his countenance and passes fecal matter involuntarily. A very slight improvement is noticed not enough however to lead us to expect recovery. Pulse 130 very weak.
		Finger compression Femoral artery and elevation of stump with application of lint soaked in Tinct Ferri Persulph.		
Dec	9	No treatment except stimulants and concentrated liquid nourishment with pills previously ordered.		
Dec	10			Patient much the same as yesterday - Pulse a little fuller this AM.



Month Date	Treatment	Died	Remarks as to condition of patient &c
Dec 11			<p>Patient evidently failing.</p> <p>Died at 11 o'clock this P.M.</p> <p>Stump had commenced to take on unhealthy action - Patient's wife objected to an autopsy being held on her husband and none was made.</p> <p>Case is interesting on account of the frequent hemorrhages, five in number which the soldier suffered - It is estimated that he lost in the aggregate thirty six (36) ounces of blood.</p> <p>Wm S. Ely Asst Surgeon U. S. Vols</p>



Pier Nov 23

A. M. M. 2036.No 61  
and  
62

Captain Capps. - Osteo myelitis of left femur after amputation of the thigh.  
Case contributed by Asst Surgeon H. Allen, U.S.A.

No 61 Exhibits the decollation of the periosteum.

No 62 Exhibits the numerous small abscesses of the medullary cavity, discovered on making a longitudinal section of the shaft.

On microscopical examination Dr. Allen found numerous pus corpuscles in the abscesses and similar cells clearly defined in the inflamed medullary tissues.

After death the ligature was found in place on the femoral artery and above it a thin pointed clot an inch and a half long. The femoral vein contained at the points of entry of the profunda and saphena numerous coagula, which extended up to the iliac. The branches of the circumflex vein were gangrenous.



N<sup>o</sup> 63. Medical Descriptive List

Ward 3. Bed 682.

Queen Street Branch      Paul Hospital & 3d Div. Alex Va  
Name Isaac Coquetett Age 23. Rank Priv. Co G. Regt 5th Ill Cavalry  
Disease or Injury Amp of Rgt Thigh up 3d  
Result Death

Admission December 4th 1863

(Name of attending Medical officer.)

W. G. Elliott

Death Jan'y 17. 1864

Actg Asst Surg U.S.A.

Month	Date	Treatment	Diet	Remarks as to condition of patient
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	Dec 1st			He was wounded in action Dec 1st 1863 at Ellis Ford. Amputation of right thigh at upper third on the field. On admission general condition good, progressed favorably until 28th when he was seized with chills, hot flashes, profuse sweating, which occurred at irregular intervals sometimes two or more in 24 hours, again passing three or four days without a paroxysm.
--	---------	--	--	---

Treatment

Pink Perri Chlor grs	XXX	His appetite continued uniformly good. He partook freely of Egg and Brandy Mix, Milk Punch, Oysters, Beef Essence and Beef Steak
every four hours		
Sulp Quinine grs	ij	
3 times a day		

unction of Iodine was applied freely to the stump Sph. Turpentine to the chest

Post Mortem Firm adhesion of both lungs and abscesses, abscesses of spleen, Pericardium moderately distended with serous effusion. Other organs healthy, An immense Abscess was found about the hip joint communicating with the cavity of the joint estimated quantity of pus 12 qts very offensive. Specimen of femur forwarded

1864. January 18th. I found a section of this bone, and found that complete recovery of the Medullary tissue existed throughout the shaft from the point of amputation up to the middle of the neck of the bone. The greater portion of the extent of the wound was a granular mass, but gradually becoming smaller under the microscope. At the lower extremity, where the bone had been sawed across in the amputation, there is a third extrusion of blood from a granular mass, and a half an inch existed. The pericardium at the lower end of the bone was detached for the space of half an inch, about the circumference of the bone was loosely adherent to the bone and could easily be detached. The stench of the specimen was powerful and such as have always been found to exist in these gangrenous conditions, at the immediate of the bone was a very small piece of the size of a pea and found containing pus when examined microscopically.



Medical Descriptive List

Queen Street Branch

General Hospital 3d Div Alexandria

Ward 3 - Bed 682

Name Isaac Coquitell, Age 23, Rank Priv - Co G Regt 11th Ill Cav  
 Disease or Injury Amp rgt thigh up 3d.  
 Result Died

Admission Dec'r 4, 1863

(Name of attending Medical Officer)

Death Jan'y 17, 1864

W. G. Elliott

Acty Asst Surg U.S.A

Month	Date	Treatment	Diet	Remarks as to condition of patient &c
		He was wounded in action, Dec 7th 1863 at Ellis Ford, Amputation of right thigh at upper third (circular operation) on field.		
		On admission general condition <sup>good</sup> progressed favorably until the morning of the 27th, had passed a restless night, slight headache, tongue furred, surface dry and unnatural warm, bowels torpid, pulse quick and frequent 120, complains of pain in stump and tenderness, stump closed except a space over bone (which is well covered) half an inch by two and a half inches, granulations dark purple.		
Dec 27		R Ex Colocynthis Comp Map Hydrag aa gr V		Puncture of Iodine to stump freely bowels moved during the afternoon.
Dec 28		R Sulp Morphine gr $\frac{1}{3}$		to allay pain and procure sleep
"				Paced a more comfortable night. Pulse quick and frequent appearance of stump same - Cont Iodine.
		R Porter 1 Pot		during the afternoon had a severe chill followed by slight fever and profuse sweating - Repeat Morphine at night
Dec 29		Cont Diet R Brandy and Egg Mix Tinct Ferri chlor		gtts XXX three times a day Sulp Quinia gr ij in Pill three times a day
Dec 31		Cont Treatment and Diet		had two slight chills and sweating during the day -



Month	Date	Treatment	Diet	Remarks as to condition of patient
Jan	3	Continued treatment.	Oyster Stew at noon, Soft boiled Eggs in morning.	Milk Punch freely had chill followed by sweating granulations of Stump improved in appearance, the edges of the flap were approximated by adhesive straps
Jan	8	Had phills and sweating bout	Treatment and diet	Occasional delirium, pulse feeble, quick and frequent 130.
Jan	14	While dressing the stump	his breathing became labored	countenance dark and anxious.
		R Brandy $\frac{z}{j}$		
		Carb Ammonia gr $\text{v}$		which revived him upon coughing he spat up some dark offensive pus, several ounces was expectorated during the day. Beef Essence - Milk Punch as free as his Stomach would bear.
Jan	15	Cont Brandy and Ammonia every three hours		occasionally expectorates pus.
		He gradually sank and died		Jan 17th



No 64

Gun shot fracture of left femur in lower third osteomyelitis (red inflammatory matter) and death from parenchymatous hemorrhage 4 Months 20 days afterwards.

Private Tobias Bever Co "C." 54th North Carolina (Confederate) aged 30 years was wounded and captured in battle at Rapahannock Station Nov 7th 1863. The bullet entered the limb (the left one) about one and one half inches to the inner side of the inner margin of the patella and passing upwards and outwards fractured the left femur five or six inches above the knee joint and lodged in the limb. Its locality could not be ascertained and it remained unextracted.

November 9th He was admitted to Stanton Hospital, general condition favorable. The synovial pouches were apparently unopened. The limb was placed in Rodgers splint and a moderate amount of extension applied. The wound to be kept wet with cold water.

November 24th - Some synovial effusion into the cavity of the joint has occurred, but there are no other untoward symptoms.

November 30th - He is doing well; the wound is healing; there is now but little effusion in the knee joint; general health good; bullet still unextracted.

December 1st - The external wound is healed; there is a hard substance feeling like a portion of bone or perhaps the ball to be felt in the outer and back part of the thigh at a point corresponding with the fracture.

December 15th - Femur united; health good;

December 25th - Femur quite strong; ball still remaining in the limb and its location not surely known.



January 1st 1864. Discontinued the extension; he can now move the limb very well; amount of shortening 2 inches which is occasioned by overlapping at the seat of fracture - his general health is excellent.

He was out of bed every day and appeared to be doing well until

February 1st. The wounded thigh has become swollen (not circumscribed) painful, and warmer than natural without apparent cause, but the surface is not reddened; ordered him to stay in bed for the purpose of resting the limb and to apply a lotion of lead and opium to it.

February 14th. The tumefaction of the thigh has partially subsided but the lymphatic glands of the groin have become swelled, painful and tender. He complains of restlessness, loss of appetite; and diminished strength.

Prescribed Tinct Perri Murial grs XX three times a day and porter.

Feb'y 25th. The parts about the track of the wound are indurated swelled and painful. The tumefaction of the thigh at large has also increased, ordered frictions of the thigh with camphorated oil.

March 2d. The swelling about the track of the bullet has increased and is very painful, fluctuation is also detected. the cicatrix of the wound is tense and puffy incised it and evacuated about 2 oz of laudable pus.

March 3d. The pain has ceased and the swelling partially subsided. The discharge from the wound is thin straw-colored and flaky. Directed the lion to be continued with the addition of Spiritus Rectificatus 6 oz daily.



March 18th The wound continues to discharge a thin pale colored pus; appetite poor and he looks pale; treatment unchanged.

March 20th. The swelling and soreness of the thigh have again increased. The discharge continues free. There is also diffused redness of the skin extending from the wound up the inner side of the side of the thigh.

He is pale (anemic) and says he feels very weak. Directed stimulants to be continued with such articles of diet as he could take it was now apparent that he would not recover without amputation of the thigh but we were compelled to await the subsidence of the diffuse inflammation of the soft parts in order to perform that operation with any hope of success.

March 22d - The discharge continues copious. It is thin and there is some blood mixed with it. He is somewhat emaciated and slowly failing in strength.

March 23d - There is slight oozing of bloody serum from the wound. The swelling of the thigh continues to increase and it is very tender.

March 24th. Copious hemorrhage from the wound apparently parenchymatous in character occurred this morning and about half a pint of blood was lost before it could be controlled. Injected about 2 oz of Liquor Ferri Perri through a catheter carried deep into the wound, after which there was no more external hemorrhage.

The loss of blood reduced him very much. The radial pulse was so frequent and feeble that it could not be counted. The femoral pulse over the pubis was more than 180. He complained that the thigh was very tender. The cutaneous veins were unusually large, distinct and dark blue in color. The blood lost by hemorrhage was not so dark as venous nor so bright as arterial.



Blood - Directed *Spiritus Prunellæ* and *Ammonia Carb.* to be administered very freely with a view to make his system rally if possible.

March 25th. - There is a great increase in the swelling of the thigh, and he complains of much pain in it. The pulse is fuller and less frequent than yesterday but his general condition on the whole is worse.

March 26th. The swelling of the thigh continues to increase the skin presents a brown mottled appearance, and the limb is very painful. He sank gradually and died on the morning of the 27th.

Autopsy. On inspection, the injured thigh appeared to be about twice the size of the sound one. Its cutaneous veins were extended with blood. The body was pale and slightly emaciated.

On dissection great oedema of the areolar tissue of the thigh (serous infiltration) was found. A firm coagulum about as large as an egg, caused apparently of the *Liquor Ferri Persulph* which had been injected was lodged within the wound and blocked up the orifice. There was a large cavity beneath the *fascia lata* and surrounding the seat of fracture. It extended from the *Synovial Pouches* of the knee joint up to the *trochanter major*. It was lined with a moderate amount of plastic exudation. It contained about a quart of dark colored blood mixed with some pus. At the bottom of it and towards the inner side of the femur, the ball (cranium) was discovered. A piece had been split off from the side of it which could not be found.

All the muscles of the thigh were detached from the femur for the distance of about 8 inches including the seat of fracture. The femoral artery and



vein were also detached from their natural muscular connections and coursed through the cavity surrounded only by their sheath with some areolar tissue. The femoral vein was occluded by a thrombus from the popliteal to the orifice of the profunda and presented a knotted appearance. The artery was somewhat thickened but presented no other abnormality. No traumatic lesion of the femoral artery or femoral vein could be discovered. The medulla of the femur above the fracture was found to be bright-red in color and soft in consistence with here and there spots undergoing calcification. It presented the appearance described by Virchow as the red inflammatory marrow (osteomyelitis).

The abdominal and thoracic viscera were healthy

The fracture was firmly but irregularly united. Examination of the specimen showed that the bullet passed upwards and outwards from the orifice of entrance at the inner side of the knee but without opening the joint cavity, and impinging against the femur about  $3\frac{1}{2}$  inches above the extremity of the condyles, fracturing the bone very obliquely with comminution, so obliquely indeed that while the line of fracture commences  $3\frac{1}{2}$  inches above the extremity of the condyles as already stated, it terminates about 7 inches above the extremity of the femoral condyles, so that the lower fragment of the broken femur is in all about 7 inches long. The fragments of comminution had all united with more or less irregularity of position, but portions of some of them, appeared likely to exfoliate. The two principal fragments had united at some thing of an angle opening forwards and a little inwards so that the femur bowed backwards and somewhat outwards on that account.

The marrow at the place of examination, a few inches above the fracture, was bright red in color and



presented a striking resemblance to newly formed granulations.  
A few spots appeared to be undergoing the process of  
conversion into bone (ossification).

(Signed) John A. Liddell  
Surgeon U.S. Vols

Stanton Hospital }  
Washington D.C. }  
April 1st/64 }

### Comp. G. S. Fracture of Femur, lower 3d

Pathological appearances after a longitudinal section of the femur had been made.

Shaft of bone struck by conoidal ball, passing transversely through and producing compound fracture. Entrance outer aspect.

During the reparative process complete osseous union of the splintered epiphysis had taken place. The spiculae meeting at acute angles, the unfractured surfaces of the middle shaft, while the solution of the continuity was further completed by the deposition of true callus intersecting the medulla obliquely and uniting the broken extremities of the body of the epiphysis, thus forming a canal in which the Medulla was continued. See Plate - The sides of the angle so formed being of unequal length, the curve produced in the bone was that of the ellipse - and the shortening of the shaft about 2 inches, a portion of the ball, jagged and irregular was found firmly impacted in one portion of the femur. See plate.

### Microscopic Examination

A portion of the Medulla with true inflammation (red inflammation), from the juncture of the lower into middle 3d revealed much broken down granular matter, a few large, pale corpuscles, resembling the true pus cell and fat globules. From the more immediate vicinity of the wound



and after the specimen had been washed, there were no pus corpuscles seen in the field of the microscope, but, with this exception, the same appearances as before.

An examination of the popliteal showed thrombi, but no true leucocytois. Traumatic phlebitis had apparently not supervened to any considerable extent. The cause of death, considering the circumstances, was probably what is known as secondary or chronic pyaemia.



N<sup>o</sup> 65.

Case of John Poole C. H. 119<sup>th</sup> Pennsylvania  
Vols, aged 23 years.

Fracture of Femur

Spec. 2229

The ball entered externally near junction of upper and middle third, passed downwards and inwards fracturing femur at middle, reflected and emerged through popliteal space.

Admitted to Stanton Hospital November 9<sup>th</sup> 1863.

Treatment. Sandbags and moderate extension, supporting treatment.

December 28<sup>th</sup> | Hedges splints

January 26<sup>th</sup> 64. | Fragments of bone removed

April 18<sup>th</sup> | Soule's flap amputation at upper third of thigh.

On admission knee much swollen. December 1<sup>st</sup> swelling subsided - slight haemorrhage. January 26<sup>th</sup> Bone necrosed, patient grown feeble, thigh much swollen. March 1<sup>st</sup> inflammation and swelling extending rapidly. - April 18<sup>th</sup> whole limb greatly swollen, sloughing at instep extending to kneejoint. Died April 26<sup>th</sup> 1864.

For complete history see a.m.m. 2229. 53 -



Corporal Jesse Sims, Co. B, 4th Ohio Vols., aged twenty-three, was admitted, December 5th, 1863, into the 3d Division U. S. A. General Hospital, at Alexandria, Virginia, with gunshot fracture opening the right knee-joint, received on the 27th of November, 1863, at Mine Run, Virginia. On December 8th, an excision of an inch and a half of the tibia and fibula, and an inch of the femur, was made by Surgeon Edwin Bently, U. S. Vols. The parts were much swollen and the patient greatly prostrated and anxious. Simple dressings were applied. Pyæmia was soon developed, and death occurred on the 13th. A post-mortem examination showed no attempt at repair. The wound was sloughing. Metastatic abscesses were formed along the inside of the thigh, and one at the base of the lower lobe of the right lung. (Spec. 1909, A. M. M.)

N<sup>o</sup> 66  
MUSEUM NOS  
1909.1910

See Circular N<sup>o</sup> 6 p. 39.

~~was wounded~~  
Jesse Sims Corporal Co. B. 4th Ohio <sup>Dr. Corps</sup> ~~was~~ was admitted to the McVeigh Branch of the 3d Division General Hospital Alexandria Va, on the 5th of December 1863. with a gun-shot wound of the knee-joint, received near Mine Run Nov 27/1863. A conical ball struck the knee of the right leg, just below the patella on its inner and anterior aspect, fracturing the inner condyle and opening the joint passed downwards and forwards and was extracted about four inches from point of entrance.

At the time of patient's admission <sup>in Alexandria</sup> to hospital the joint and thigh were very much inflamed and discharged pus copiously and the man was much prostrated and terribly anxious as to the result of his wound, but after being washed and fed and otherwise cared for, he appeared much recruited.

On the eighth of December the operation of Excision of the Knee-joint was performed by Surgeon Edwin Bently, U. S. Vols., one inch of the femur and about one inch and a half of the tibia bones removed. The hemorrhage was slight, but the condition of the tissues were not very satisfactory. Patient endured the operation well and the reaction was good. On the 10th at night he had a severe chill which was followed by two more severe on the 11th. Stimulants were freely given with raw eggs well beaten up and beef essence for diet. On the 9th patient complained of severe pain on the right side of the chest over the lung which continued for several days, no pain elsewhere. He continued to have chills till the night of the 13th inst. when he was seized with a very severe chills from which he never rallied and died on the morning of the 14th.

Post Mortem Examination. 18 hours after death showed no attempt at reparation and there was considerable sloughing, while upon the inside of the thigh there were numbers of small abscesses. the heart and left lung were



healthy but the right lung was infiltrated with pus and a single large abscess appeared upon the surface of the inferior lobe. There was no pus nor abscess found in the liver but it was very much softened. Stomach, kidney and intestines perfectly healthy.

The specimen has been forwarded to Surgeon Benton W. S. Vols.

J. L. B.

Examination of Bentons Excision of Knee-joint  
December 16th 1863.

Whole joint one suppurating mass - Pus extending up and down, far down under gastrocnemius, and up between the muscles of the thigh on the inside - a long abscess in the sheath of the vessels, extending up to the middle of the thigh. Small clot in femoral artery, three inches long and thin - none in femoral vein.

Surrounding tissues of vessels in some places hardened (where pus had not reached). Lining membrane of femoral vein dirty gray and softened.

Clot in Superior Vein.

Examination of Lung sent with Excision of Knee  
Dec 15th 1863 - from Dr Bentons.

Apparently a metastatic abscess was circumscribed. when examined found to be a clot, in different degrees of softening and blood corpuscles (red) in every state of change. But no pus, the greenish mass in each was complete circumscribed gangrene of the bony tissue (Coinciding with Virchow's doctrine -) as pictures painted by M. Stank.

Dec 15th 1863.



No 67.

Eben E. Smith, private Co A, 11<sup>th</sup> Me Vols.  
aged 19 years.

Severly Amputation at Hip-Joint.

Wounded at the engagement at Deep Bottom near Stryker's Bluff, Virginia on August 16<sup>th</sup> 1864 by a musket-ball which fractured the head of the right tibia. He was admitted to the U. S. General Hospital at Beverly, New Jersey on August 23<sup>rd</sup> 64. On admission the kneejoint was swollen and painful and there was irritative fever of a moderate grade. On September 12<sup>th</sup> secondary haemorrhage occurred and the thigh was amputated by circular incisions at the lower third by Actg Asst Surgeon S. S. Morton, U. S. A, the patient being under chloroform. The case progressed favorably until October 17<sup>th</sup> when secondary haemorrhage recurred and was arrested by ligating the femoral artery in Scarpa's triangle. The stump remained swollen and painful, and furnished a profuse foetid suppuration. Osteomyelitis supervened, the end of the femur protruded, and was removed by the chainsaw. Necrosis finally extended as high as the trochanters, and numerous abscesses formed. On January 19<sup>th</sup> 1865 amputation at the hip joint was performed, under chloroform by Actg Asst Surgeon J. H. Packard, U. S. A, the antero-posterior flap operation being adopted. On January 27<sup>th</sup> there was haemorrhage from the stump, and the external iliac artery was tied. The ligature separated on February 17<sup>th</sup> and two days afterwards there was profuse bleeding from the divided artery, which was controlled by pressure for fourteen days. After this the patient improved rapidly. In April he was reported well, and Hospital Steward Baumgras, one of the artists of the Army Medical Museum, was sent to Beverly and made the drawing, from which the engraving was taken. On April 12<sup>th</sup> 1865 Smith was transferred to White Hall, Hospital near Bristol Pa. - Asst Surg. W. H. Forwood, U. S. A. reports that on May 27<sup>th</sup> 1865 he was discharged from service quite well and strong, the wounds being entirely healed. The necrosed lower portion of the femur is specimen "3709," the upper portion is specimen "81." A. M. M.

This is the first of the drawings executed by Mrs. Baumgras and Schulze under the supervision of Dr. Otis.



N<sup>o</sup> 68Amputated foot of a Negro

Exhibiting a chronic ulcer on the outer aspect of the left ankle, produced by a deposition of the ova of the chigre.

The patient, who furnished this specimen, one of the negroes, whom it was attempted to colonize at Sayti in 1862, returned to this country, like many of those emigrants affected with the chigre ulcer. He was treated at the Hospital for "contrabands" near Arlington, Virginia. The ulcer proving intractable, amputation was performed by the contract physician in charge of the hospital. The specimen is preserved at the Army Medical Museum as No. 3699.

No history of the case could be obtained, though repeated application was made to the Operator.



N° 69

Metastatic foci of the liver  
from a patient, who died of pyaemia, after  
amputation for gunshot injury.

The recent specimen was photographed and  
the picture is a colored photograph.



N<sup>o</sup> 70.Osteo myelitis of left femur

Private Jonathan Wallace, Co. F, 21<sup>st</sup> Georgia (Rebel) Regiment was wounded in the assault on Fort Steadman in the intrenched lines before Petersburg on March 25<sup>th</sup> 65. A conoidal musket-ball entered at the external lower portion of the left thigh, passed obliquely upwards and backwards, fractured the femur in the middle third and made its exit posteriorly.

The patient was made a prisoner and was treated in a field hospital of the 9<sup>th</sup> Corps, where several fragments of bone were extracted, until April 8<sup>th</sup>, when he was conveyed to Washington and admitted to the Armory Square Hospital, April 10<sup>th</sup> 1865. The injured limb was here placed in Buck's apparatus and extension was made by a weight of eleven pounds. On August 15<sup>th</sup> the photograph was taken. The limb was shortened three fourths of an inch. There was a very slight purulent discharge from the posterior wound. The general health was good and the fracture was apparently firmly consolidated. On August 17<sup>th</sup> 1865, the patient was transferred to the Douglas U.S. General Hospital.

The facts of the case were communicated by Acty Asst Surgeon G. K. Smith, U.S.A.

A.M.M. Jonathan Wallace, Private Co. "F," 21<sup>st</sup> Georgia  
1354. (Rebel) Vols., 38: admitted to Armory Square Hospital with a gunshot fracture of the left femur at its middle third received in action near Petersburg, Va. March 25<sup>th</sup> 1865. The wound was still open and discharging a small quantity of matter but there was firm union of the broken femur and he could



without assistance raise his leg from the bed. The patient seemed to be improving in general health & daily rode about the ward in a wheeled chair, the limb being supported in an extended position.

August 26" Several small loose fragments of bone were removed. August 28" had a severe chill. August 29" had an attack of erysipelas in the thigh, on the day following the erysipelas continued to increase. The wound was again examined and a loose piece of necrosed bone  $1\frac{1}{2}$  inches in length was removed. Sept 11 The erysipelas has disappeared another small sequestrum was removed. Sept. 16" The patient has had two chills to-day also diarrhoea and vomiting. Sept 17" Diarrhoea continues, another chill. Sept 21<sup>st</sup>. He has been steadily growing weaker. The wound has almost ceased discharging, there is slight actenus, a pinched and anxious countenance and labored breathing. Sept 22<sup>d</sup> Pain in chest and abdomen, is unable to pass his urine, labored breathing. These symptoms continued until the evening of the 23<sup>rd</sup> inst when death ensued from pyaemia. Autopsy 15 hours after death. The brain appeared healthy but there was a large amount of serous subarachnoid effusion. Thorax, both lungs were adherent and thickly studded with pyemic patches, most of which were dark colored & hardened a few <sup>only</sup> having softened and containing pus. There was considerable serous effusion in the left pleural sac. The spleen was enlarged but not softened. The other Thoracic and Abdominal Viscera appeared healthy. The fractured femur was removed and sawed longitudinally, above the fracture the marrow & interspaces



No 21.

Phlebitis of femoral vein.

From the patient, (Jonathan Wallace) who  
furnished the preceding specimen.

fracture of thigh.



N<sup>o</sup> 22

Successful primary Amputation  
at the left hip-joint.

Compare drawing No 31.

This drawing was executed by Mr Baumgras  
from a photograph and represents the appear-  
ance of Kelly after his complete recovery.



N<sup>o</sup> 23

# Excision of the head of the left femur

## Case of Joseph Brown

Hospital and Hospital Number.	Name, Rank, Company, Regiment. Age. Date of Admission to Hospital.	Description and Date of Wound or Injury. On what Occasion received.	Date of Operation.	Operation.	Condition of injured Parts at Time of Operation.
10. Fairfax Seminary U. S. A. General Hospital, Va.	Joseph Brown, Private Co. I, 3d Michigan Vols. Age, 38. Admitted September 11, 1862.	A musket-ball passed through the trochanter of the left femur at the second battle of Bull Run. After lying exposed on the battle-field for three days, the patient was taken to Centreville, and thence to Fairfax Seminary Hospital. On two occasions fragments of bone were removed from the wound.	March 21, 1863.	A large exploratory incision was made from three inches above to five inches below the trochanter; the femur was divided squarely by powerful bone-cutting forceps, six inches below the trochanter; the neck of the femur was so much diseased, that the head of the bone was then removed.	Early in March the limb began to swell immoderately, and the discharge from the wound became scanty and foetid; much callus had been thrown out. A drawing of the case represents much burrowing of pus amid the muscles of the thigh.
Constitutional State of Patient at Time of Operation.		Progress, Treatment, etc.	Result. Cause of Death.		REMARKS.
Loss of appetite; pulse small and frequent.		Rallied with difficulty from the shock of the operation. In forty-eight hours an erysipelatous blush pervaded the whole thigh, and typhoid symptoms were manifested. A catheter was passed into the wound, and maintained there as a drainage tube. The wound was frequently washed out through this tube. March 28th. A rigor, apparently caused by hæmorrhage to the extent of six ounces. After the first few days the limb was supported by the anterior splint of Professor Smith, and subsequently by a kind of hammock. Brandy, beef tea, and eggs were given in large quantities.	April 30th, 1863. Nearly well. May 31st, 1863. Entirely well. August 22d, 1863. Successful result.		Operator, David P. Smith, Surgeon U. S. Vols. A letter from this man, dated Coopersville, March 21st, 1864, in which he speaks of himself as being in good health. He walks about and attends to home business, splits and saws a little wood, but complains of some pain in the leg and stiffness in the knee. On the whole, he says, "there is a constant improvement, and he is exceedingly thankful for the service done him by his surgeon." Army Medical Museum, Specimen No. 1192.

\* The following letter, which is quoted in his own language, has lately been received from Mr. Brown :

Bvt. Lt. Col. GEORGE A. OTIS,

COOPERSVILLE, MICHIGAN, September 26th, 1865.

Surgeon U. S. Vols.

SIR :—

Yours of the 21st inst. has just come to hand, and I take pleasure in informing you that my general health is good; my leg is improving slowly; the knee remains quite stiff yet, but I think it is better than it was one year ago. I have some control over the movements of the thigh. When standing, can move the leg backwards and forwards, about two and a half feet, and sideways enough to bring the foot across in front of the other foot. Can bear considerable of my weight upon it, but not enough to do away with the use of one crutch yet. Cannot perceive that there is any difference in the length of the limb since I was discharged, as I use the stirrup on the crutch the same as then. There has been no breaking out of abscesses, nor any soreness of any kind since March, 1864, nor since my discharge, to amount to anything. \* \* \* \*

Respectfully yours,

(Signed)

JOSEPH BROWN,

Late of Co. I, 3d Michigan Vols.



N<sup>o</sup> 24

John McKane, private, Co 26, 105<sup>th</sup> Pennsylvania Vol., was wounded at Petersburg, Virginia, June 14<sup>th</sup> 1864 by a conoidal musket ball which struck the right side of the skull very obliquely and produced a slightly depressed fracture of the right parietal bone. He was admitted to Mount Pleasant General Hospital, Washington, on June 24<sup>th</sup>, with the report that the progress of the case had been so far eminently satisfactory.

After admission he was found to be insensible, and a few hours subsequently, convulsions supervened in rapidly recurring paroxysms. Twelve ounces of blood were taken from the temporal artery without apparent benefit. A trephine was then applied at the seat of fracture. A portion of the inner table was found slightly depressed. This was elevated and the patient soon afterwards regained consciousness.

On the 28<sup>th</sup> of June the wound in the scalp became erysipelatous and before the inflammation subsided, there was extensive loss of substance of the integuments and pericranium, denuding a large portion of the parietal bone. Necrosis ensued and embraced the whole thickness of the bone.

In September 1864 a portion of the parietal bone three inches by four, had become so much loosened, that it was readily removed by Asst. Surg. J. B. Craft. After this, cicatrization went on rapidly, and at the date of last report, December 3<sup>rd</sup> 1864, the wound had contracted to an ulcer less than an inch in diameter. The patient's mental faculties were impaired, more or less, the ward physician thought, but not to a great extent.

The specimen was contributed by Asst. Surg. C. A. McCall, U.S.A.

This is a drawing by Mr Baumgras from a sketch by Mr Stanch of the patient, who furnished N<sup>o</sup> 3452 A.M.M. - The specimen is figured in Photograph N<sup>o</sup> 27. A.M.M.



N<sup>o</sup> 25

Division of the right femoral artery by a carbine ball, followed by gangrene of the leg.

George W. Gardner, Sergeant Co. A 12<sup>th</sup> Illinois Cavalry, aged twenty nine, was wounded at Mitchell's Ford, Virginia, on October 11<sup>th</sup> 1863 by a carbine ball, which entered four inches above the right knee, and passing through the inner hamstring muscles and the adductor magnus, outwards and downwards, lodged under the integument on the outer side of the thigh. Upon extracting the ball through an incision there was a profuse hæmorrhage, which ceased spontaneously.

On October 13<sup>th</sup> the patient was admitted to the Emory Hospital at Washington D. C. He was feeble and pallid. No pulsation could be detected in the tibial arteries of the injured limb. There was loss of sensibility and slight discoloration of the skin of the right foot. The leg was packed in raw cotton, and the temperature was kept up by bottles of hot water. Frictions with a stimulating liniment were occasionally employed. After October 18<sup>th</sup> the leg was daily immersed in a bath of oxygen gas. On October 25<sup>th</sup> two bits of blue cloth and a small piece of white cotton cloth were extracted from the wound. The foot was decidedly gangrenous, and gangrene began to advance rapidly up the leg. - On October 29<sup>th</sup> the limb was amputated at the lower third of the thigh. It was found, that the femoral artery had been completely divided by the ball near the point, at which it passes through the opening in the great adductor. The divided extremities of the artery were occluded by dark grumous clots. After the operation the patient was attacked by diarrhoea and on December 5<sup>th</sup> 1863 the case terminated fatally.

A rough sketch of the appearances of the leg was made by Mr. Staudt. This sketch was elaborated by Mr. Schultze, and is numbered 75 of the surgical series of drawings, A. M. M.

A Chromolithograph of the above case of Gardner was ordered to be printed. Proofs were sent on July 22, and printing immediately ordered. The plate was not numbered until July 22. No. 2 plate - XXVIII. Second J. H. P. 2.

by Mr. Staudt  
by Mr. Schultze



N<sup>o</sup> 26Abscess of the tibia*See specimen No. 3095. A.M.M.*

Case of Henry Jackson, colored, aet. 54,  
a civil employee at Alexandria Hospital. Had a  
chronic ulcer of the right leg, died October 19<sup>th</sup> 1865.

Contributed by Surgeon Edwin Bentley, U.S. Vols.



N<sup>o</sup> 22.

Necrosis of the left tibia with  
ulceration of the cartilage of the condyles of  
the femur.

See Specimen No. 4386. A. M. M.

Care of G. W. Lemmon - Bentley's successful Second-  
ary amp Hip-joint -



N<sup>o</sup> 28.

Harvey Pierce, private Co B, 2<sup>nd</sup> New York mounted Rifles, aged 18 years, was admitted to the U. S. A. General Hospital at Beverly, New Jersey, October 15<sup>th</sup> 1864, having received a gunshot fracture of the head of the right humerus, at Ream's Station, Virginia, September 31<sup>st</sup> 1864.

Upon examination of the wounded part, excision of the head of the humerus was deemed advisable, which was accordingly performed by Asst Surgeon C. Wagner U. S. A., in charge on October 18<sup>th</sup> 1864. The operation consisted in removing the head and a small portion of the shaft, the patient being under the influence of chloroform. At the time of the operation the wound was freely suppurating, and the patient feverish, Pulse 110, without appetite and suffering considerable pain. Reaction was prompt, improvement rapid. Simple waterdressings only were used. The patient was transferred to the Whitehall General Hospital April 6<sup>th</sup> 1865.

The surgical drawing was executed  
by Mr Baumgrass, Hospital Steward U. S. A. March 1865.



N<sup>o</sup> 29Bayonet thrust on the left chest.

*Surg. Hist. Ch.*  
James H. W. Vick, private, Co. I, 8<sup>th</sup> Louisiana  
 Regiment, <sup>aged 19,</sup> was admitted to the Armory Square U. S. A.  
 General Hospital, Washington D. C. November 9<sup>th</sup> 1863 with  
 bayonet wound. The bayonet entered left chest and lung  
 one inch below the nipple. The wound was three-fourths  
 of an inch long. Received at Rappahannock Station,  
 Virginia, November 7<sup>th</sup> 1863.

Treatment: Simple Dressings

Result: Transferred on November 12<sup>th</sup> 1863, probably  
 to Lincoln Hospital or Old Capitol Prison.  
 A. C. Reg. 99.

The drawing was executed by Hospital Steward  
 W. H. Shultz after a sketch by Hauck.



Nº 80

Left Arm amputated at shoulder joint.

A soldier of the Second Division of the 12<sup>th</sup> Corps had his left humerus shattered at the upper third by a conoidal musket ball in the assault on the heights of Fredericksburg, Virginia, December 14<sup>th</sup> 1862. Primary Amputation by Surgeon <sup>X.E.</sup> Goodman, U.S.A. Recovered.

The shattered humerus in this case furnished  
specimen 1082 A.M.M. - Figured in Fig 32, Circular  
No 6 S. G. C.

L. J. Bryant, 3d Wisconsin -

The drawing was executed by Hospital Steward  
W. H. Schultze.



N<sup>o</sup> 81.

Companion picture to Surgical Series of  
Drawings No. 17. Case of furuncle

John E. Tucker, Co. A 1<sup>st</sup> Maine Vols  
representing the appearance of the part eight  
months after the infliction of the injury.

Drawn by Hospital Steward Baumgrass from  
a sketch by Mr. Staudt.



N<sup>o</sup> 82

Excision of the left elbow amm 3718.  
from Beverly Hospital.

William R. Corey, Corporal Co H 4<sup>th</sup> Rhode Island Vol. aged 23 years, was admitted October 15<sup>th</sup> 1864 to U. S. A. General Hospital, Beverly, New Jersey with a gunshot wound of right arm, injuring the upper third of the ulna, received at Poplar Church, Virginia, September 30<sup>th</sup> 1864. On December 11<sup>th</sup> Asst Surgeon E. Wagner U. S. A. excised three inches of the head of the ulna. Chloroform was used and the reaction was prompt. The parts were in a sloughing condition and the head of the bone was exposed and necrosed. His constitutional condition was favorable. Cold water dressings. Transferred to White Hall Gen's Hospital Bristol Pa, on April 6<sup>th</sup> 1865.  
See Surg. Record. Excision of elbow page 83.

In a report of Surgical Operations by Dr Wagner printed in 1865 he states, that this man was well and had every prospect of having a useful arm.

Drawn by Hospital Steward Baumgrass.



No 83

## Gangrene of medullary cavity of the left femur.

Patient at Douglas Hospital.

A.M.N. 4201. John Bagrice, Private Co. "F," 198<sup>th</sup> Pa. Vols. aged 30: was admitted, April 6<sup>th</sup>, 1865, with a severe gunshot contusion of the left Femur at its middle third. Patient was in good health and spirits at the time of admission and doing well. The wound was carefully examined but the ball could not be traced. On the 23<sup>rd</sup> a large abscess was opened on the external aspect of the thigh, near the trochanter. On the 29<sup>th</sup> another similar incision was required in order to give free exit to the pus. The patient however did pretty well until May 5<sup>th</sup> when he had a chill. This recurred on the 7<sup>th</sup> and 8<sup>th</sup>. On the 9<sup>th</sup> 12<sup>th</sup> and 13<sup>th</sup> he has two chills each day.

May 13<sup>th</sup>, <sup>py</sup>Thigh painful - discharge thin and foetid. May 14<sup>th</sup> Two chills. May 16<sup>th</sup> Delirious - another chill - tongue swollen and inflamed. He died the day subsequent of Osteo-mylitis.

Autopsy. No pleurisy or effusion in either thoracic cavity - Lungs - Liver - Spleen, Kidneys, and Brain carefully examined for pyemic abscesses, but appeared healthy. The femur was removed and examined, the ball had struck it at its middle third, contused it without fracture, had been deflected from its course and had lodged near the acetabulum. Hip-joint healthy. Longitudinal section was made of the femur which exhibited well marked gangrenous Osteo-mylitis. the



medulla was of a dirty greenish color. dry-pulverulent and stinking. The interspaces between the cancelli contained a dark greenish liquid, a quantity of which escaped in sawing and which was also extremely foetid. The bone near where the bullet struck had become necrosed, and was rapidly being separated from the living bone surrounding it. There had also been some new bone formed by the periosteum at its border.

The specimen, consisting of the entire Femur, was fresh to the Army Medical Museum.

Was wounded at South-side R.R. Va. Mch. 31<sup>st</sup> 1865.  
Died of Pyaemia, May 17<sup>th</sup> 1865.

This case is entered in Pyaemia Records, Div. Surg. Records, S.G.O. page 259.



N<sup>o</sup> 84

Gunsnot contusion of the right femur  
followed by osteomyelitis.  
Patient in Douglas Hospital.

George Cole ?

See 71.



N<sup>o</sup> 85

Osteo-myelitis of the right femur,  
amputated at the middle of the shaft.  
Patient in Douglas Hospital.

See Case of Pt. Clark Chase, Co B,  
120th New York. Specs. 6715, (~~2509~~) 35148.  
(2509 old number)



N°86

Excision of the head of the right humerus.

Specimen No 633. A. M. W.

Successful <sup>and</sup> Med. Inspector Wilson U.S.A.

James H. Clarke, private, Co. E, 10<sup>th</sup> Penn.sylvania Reserve, was admitted to Carver U.S.A. General Hospital, Washington, D.C. after the battle of Fredericksburg, at which battle (Dec 13<sup>th</sup> 1862) he was wounded by a Minié ball, which entered about three inches below the right acromion process, passing upwards and inwards and fracturing badly the shaft and head of the right humerus. - January 6<sup>th</sup> 1863 excision of the head and about three inches of the shaft of the humerus by a V-shaped incision. The long head of the biceps was preserved. At the time of the operation the limb was much swollen and discharged foetid and sanious pus. The track of the ball passed beneath the scapula, but the missile could not be found. The patient's skin was hot - pulse 100 - tongue coated, considerable cephalalgia, loss of appetite and general depression. The condition of the patient apparently tended towards pyaemia.

Treatment: - Wound closed by sutures - Stimulants and nourishing diet, under the administration of which the patient rapidly improved, the wound being entirely healed March 1<sup>st</sup> 1863.

Operator John Wilson, Surgeon U.S.A.

The drawing is by Mr Schultz after a sketch by Mr Standt.



N<sup>o</sup> 87Shrapnel Wound of head.

W. H. Must, Co I 150<sup>th</sup> Pennsylvania Vol.,  
 was wounded July 14<sup>th</sup> 1864 at 10 AM by  
 fragment of spherical case shot, which burst in  
 his immediate vicinity. The patient was on  
 May 10<sup>th</sup> 1865 sent to the "Mower" Hospital, Phila-  
 delphia, and discharged from service June 7<sup>th</sup> 1865.  
 Disability  $\frac{1}{3}$  - patient was tetanized.

Mr. Stanch sketched the wound one hour  
 and a half after its reception. The drawing was  
 executed by Mr. Baumgrass from this sketch.



Gangrene of thigh stump after amputation.

Captain Davis Co. B. 30<sup>th</sup> North Carolina Regiment. [Confederate] This patient was wounded at Kelly's Ford, Va. The upper portion of the right fibula was fractured  $3\frac{1}{2}$  inches below the head by a bullet which also destroyed the anterior and posterior tibial arteries. This case is remarkable on account of the arrest of extensive sphacelus of the stump by local application of bromine. The subject ultimately died of tetanus, after recovering from the effects of the disease. He was admitted into the Douglas Hospital November 10<sup>th</sup> 1863, and died November 22, 1863. He received his wound Nov. 7, 1863. Dr. Carlos Carvallo attended the case. He reports the case in full. [See also Dr. Ross' paper copying the same.] A.M.U. Spec. 2276.

July 21<sup>st</sup> Julius Biew sent the original of this plate and a proof—requesting the lettering,—also either a return of the original or proof. This plate was referred to the Surgeon Genl. for approval or correction. The same was "approved". See Letter of Dr. Otis to Surg. Genl. of July 22, 1873 — Also J. Biew's letter July 21<sup>st</sup> 1873



X  
N<sup>o</sup> 89

*Successful Secondary Amputation  
at left Hip-joint.*

*vide page 35, Surg. Rec. of amputation at hip-joint.*

Private George W. Lemon, Co. C, 6th Md. Vols., aged 30 years, was wounded at the battle of the Wilderness, May 5th, 1864, by a musket ball which shattered the left femur at the junction of the upper and middle thirds. He was left upon the field until removed by the enemy to a neighboring temporary hospital. On May 13th, this hospital fell into the hands of the Union army, and Lemon was transported to Alexandria, Va. He was in a pitiable condition, suffering from diarrhoea and bed sores as well as from the constitutional disturbance produced by the fracture of the femur. Apparently no attempt had been made to keep the limb in position. After the patient's admission to the 3d Division U. S. A. General Hospital at Alexandria, and the employment of suitable dressings and medicines, his general condition was somewhat improved, but the suppuration from the wound in his thigh was copious, and the fractured extremities of the femur were extensively necrosed. Notwithstanding a careful supporting regimen his strength gradually failed, until in the autumn of 1865, seventeen months after the reception of the wound, operative interference of some sort appeared imperative. Accordingly, Brevet Lieut. Col. Edwin Bentley, Surgeon, U. S. Vols., in charge of the Alexandria Hospital, decided to amputate at the hip-joint. The operation was performed by Dr. Bentley by the antero-posterior flap method, on October 12th, 1865. On Nov. 15th Dr. Bentley reported that the ligatures had come away and that the wound was granulating kindly. At the end of January, 1866, cicatrization was complete, and a colored drawing of the patient was made by Mr. Baumgras, one of the artists of the Army Medical Museum. (Surgical Series of Drawings, S. G. O., No. 89.) On January 31st, 1866, the patient was transferred to Harewood Hospital, Washington, D. C., where a plaster cast of the perfectly sound stump was prepared. (Specimen 4167, A. M. M., Plaster Cast 313.) A photograph of the patient was also taken. (Photograph Series Nos. 136, and 137, A. M. M.) On February 3d, 1866, Lemon was discharged the service of the United States at his own request. The ex-articulated femur is preserved at the Army Medical Museum, (Specimen No. 4386.)

X See No 77.



№ 90



## History of Picture No 91

Compiled from Found Manuscript No 25. Amp-  
utation Records Vol 6 part 4 page 132. & part 2 page 231  
S. I. Fracture Records Vol 11 part page. Division of Surgical  
Records. S. I. O.

Frederick K. Sparks. C. C.

Orville Sand <sup>German</sup> Fairman (German) Co F. 190<sup>th</sup> Pennsylvania  
Age 23. received during skirmish in front of Petersburg on July  
11<sup>th</sup> 1864, a gunshot wound <sup>of right leg</sup> by a solid shot, nearly sweeping  
off the limb. He was taken to the Field Hospital 3<sup>rd</sup> Division  
5<sup>th</sup> Army Corps, and flap amputation of leg performed at middle  
third, by Surgeon <sup>Swind</sup> ~~Case~~ on the same day. October 15<sup>th</sup> 64  
he was admitted into Percy Hospital and treated by simple  
dressings. November 27<sup>th</sup> he was admitted into Broad  
and Cherry Street Hospital Phila. and transferred to  
South Street Hospital January 18<sup>th</sup> 1865. May 10. 65  
an artificial limb was furnished by A. F. Palmer.  
July 29<sup>th</sup> 1865 he was admitted to Mower Hospital  
Phila & Discharged August 4<sup>th</sup> 1865.



N<sup>o</sup> 93

Fracture Cranium -

Emanuel Brown, 4" R. I.



N°94

## History of Picture 94

Compiled from Bond Manuscript No 26 page 118.  
and Amputations records Vol 2<sup>nd</sup> part 2. page 105.  
Division of Surgical Records. D. G. O.

Surg. A. Sparks. C. C.

Private Samuel Sunham Co "E" 18<sup>th</sup> Mass-  
achusetts Vols. Age 19. received during a skirmish in  
front of Petersburg Va July 15<sup>th</sup> 1864 a severe shell wound  
of the left fore arm. He was taken to the Field Hospital  
1<sup>st</sup> Division 5<sup>th</sup> Army Corps and amputation performed  
at the upper third by circular method on the same  
day. August 6<sup>th</sup> he was admitted into Telford's USA  
Hospital New York Harbor. August 25<sup>th</sup> He was admitted  
into USA Hospital at Readville Mass. and returned to  
duty same day. September 1<sup>st</sup> He was furni-  
shed with an artificial limb by Warren Sinslow of  
Boston Mass at which time his <sup>stump</sup> wound was en-  
tirely healed. P. O. Addres. North Ham-  
Mass.



Ampt- at Hip-joint

Lewis Francis

211

N°98



Ample at lip print - Wells Drawing - 213

pt Lemon. Dec 89 m. 193

77

N<sup>o</sup> 99



Ampt at Hip joint

E. D. Ulmer.

215

N<sup>o</sup> 100



## A case of Penetrating Fracture of the Cranium.

William Langston, a coal miner, 49 years of age, was injured by the explosion of a blast on Jan. 30, 1882. A fragment of rock struck him upon the forehead. He was stunned for a few minutes, but partially recovered his senses before help arrived, noticing, among other things, that the ground before him was bespattered with brains. With assistance he walked to a house distant about twenty rods. The writer saw him two hours after the accident. There was a perforation of the frontal bone at the right eminence, about one inch in diameter, through which a large mass of brain substance protruded reaching to the eyebrows. The protrusion was so extensive that the interior surface of the vault of the cranium was visible through the wound for several inches. The course of the wound through the brain was concealed by the prolapse, and no foreign bodies could be discovered within the cranium, except a small bit of bone which was removed. The patient was partially conscious, answering when spoken to, but not intelligently. Some lacerated strips of brain substance were cut off, and the remainder of the protruded mass was cleaned with carbolized water, cautiously returned as perfectly as possible to the cranial cavity, and kept in by a bandage. The brain remained, however, on a level with the skin of the forehead, until healing was far advanced. A position on the right side to ensure drainage was insisted upon, the bowels were kept open, bromide of potassium was freely used, and during the first few days cold applications were made to the head. There was little change in the patient's condition for a week, during which time there was an abundant discharge, consisting apparently of broken down brain tissue. Several small pieces of bone appeared in the wound at intervals, and were removed. Black specks began to cover the wound. This discharge rapidly increased in amount and for several weeks continued profuse enough to blacken the dressings (The nature of this substance was made



evident by the progress of the case of the other workman, who was present in the Shaft at the time of the explosion. This man escaped serious injury, but his skin was riddled by small fragments of rock, the largest of which struck the shoulder and penetrated to the depth of one inch. Upon examination three hours after <sup>the</sup> injury the probe failed to detect the presence of a foreign body in any of these wounds, but on the following day masses of impalpable mud could be easily squeezed out from them all. The fragments of rock which had caused the injuries consisted of hardened clay, which, though as hard as ordinary stone when first uncovered, on exposure to the air and to moisture rapidly softens down into mud. In respect to the mode of elimination of the foreign body from the cranial cavity (this case is perhaps unique) hitherto neither the symptoms nor the appearance of the wound had led to any suspicion of the existence of the depressed bone. But the breathing changed in character about the eighth day, growing gradually stertorous. The patient became almost completely unconscious, and lost all control of bladder and rectum. A thorough exploration of the wound was decided upon. An incision  $\frac{3}{4}$  inch in length was made at the inner and lower angle of the wound, and the soft parts being retracted, a depressed fracture of the inner edge of the perforation,  $\frac{1}{2}$  inch wide and 1 inch long was discovered. Efforts to elevate were made, the outer and upper edge of the perforation being used as a fulcrum. But slight pressure had been made, when the edge of bone which supported the elevator suddenly sank, and an elevation appeared two inches posteriorly, showing that a piece of the skull, posterior to the perforation, two inches long and about one inch wide, was completely fractured. This fragment was readily reduced by manipulation, and gave no further trouble. It was not removed, because from the ease and completeness of the reduction the periosteum was thought to be still intimately connected with the bone. A cut with a Skel's Saw was made through



the outer table of the skull along the fissure which bounded the depression internally, after which the depressed bone was elevated and two fragments of bone impacted beneath it were discovered, and removed. These fragments were completely covered by the prolapsed brain substance when the patient was first examined. After this operation the patient became fully conscious and convalesced without an unfavorable symptom. He began to do light work early in April 1882. At that time the cicatrix pulsed with every heart beat, and there was still a slight watery discharge. He was noticed by his friends to be very absent minded, but his condition gradually improved in every respect. At present Langston is engaged in mining in the Clarke Forks, Mines. He excels many of his younger comrades in feats of strength, such as lifting heavy timbers. The cicatrix is very firm, apparently cartilaginous, and has ceased to pulse. He makes the singular statement that since the injury he can drink much larger quantities of whiskey without becoming intoxicated! His mind is, he thinks, as good as ever. I could discover no mental peculiarities in a recent interview. [The accompanying water color sketch, made by an itinerant artist, shows the appearance of the wound five weeks after the injury. The dotted lines denote approximately the limits of the fractured portions of bone that were not removed. The sketch also exhibits imperfectly the process of closure of the wound, viz: by union of the granulations of the external soft parts with those of the brain tissue.]

Signed G. E. Bushnell  
Asst. Surgeon U. S. A.

See Report of Asst. Surgeon G. E. Bushnell U. S. A. filed as  
History of Surg. Series of Drawings No. 101



No. 102. A heliotype of an extra capsular fracture of the head of the femur.

No history.

Contributed by Dr. Heneage Gibbs, London, England.  
Received October 9, 1886, without letter.

No. 103 A colored drawing, showing mitral disease of the heart.

No history.

Contributed by Dr. Heneage Gibbs, London, England.  
Received Oct. 9, 1886, without letter.

No. 104 A colored drawing, showing ulcerative endocarditis of the heart.

No history.

Contributed by Dr. Heneage Gibbs, London, England.  
Received Oct. 9, 1886, without letter.

No. 105 Four pen drawings on one sheet, showing different views of a human monstrosity, viz:  
An adult, aged 19 years, named Jean Baptista dos Santos with two penes, and two scrotums ~~and~~ four testes and ~~an~~ a third lower limb consisting of a large thigh and an abortive leg and foot.

A. M. M.

No. 9801

Path. Series

is probably

a cast (way

comp.) made

from this case,

though the maker

reports the name

of the subject

as Juan B.

Found in the room of the late Surgeon I. J. Woodward, U. S. Army in the old A. M. M. Building, 10th St. N. W. August 15, 1887.

See Contributed Photographs No. 807 (Card) x No. 1868 (Large).

Drawings copied from wood cuts in The Lancet, London, 1865. Vol. II p. 124.

No. 106 Water color painting of a case of fungus haematodes which occurred in the practice of the late Dr. Alex. McWilliams. The name of the patient was L. Wood and she died in 1823.  
over



Painted by Mrs. M. M. Cruikshank, for Dr. McWilliams at a cost of Thirty Dollars.

Size of painting 5 1/2" x 9", in gilt frame.

Contributed by Dr. Alexander M. Williams,  
461 Missouri Ave., northwest, Washington, D. C.,  
April 17, 1888.

- No. 107 Chromo-lithograph to illustrate two cases of pancreatic diabetes, by Vaughan Harley, M.D., M.R.C.P.
- Exhibited in A. M. M.* Fig. I. - Case of pancreatic diabetes in a medical student, aged 23. Fatal in eleven days. Pancreas closely adherent to duodenum, and converted into an irregular-shaped mass towards its head, while the body and tail portions were changed into a more flat and thin fibrous band.
- Fig. II. - Section through the head of the pancreas, showing irregular-shaped abscess cavities filled with greenish-yellow purulent matter.
- Fig. III. - Microscopical section from head of pancreas in case of acute pancreatic diabetes. (A.) Atrophied lobules. (B.) Abscesses filled with leucocytes. (C.) Hypertrophied interlobular connective tissue.
- Fig. IV. - Microscopical section of head of pancreas in case of acute pancreatic diabetes, showing distribution of connective (A) tissue, and remnants (B) of glandular substance, after dissolving away all the fatty matters.
- Cut from a copy of British Medical Journal, London, January 2, 1892.

- No. 108 Water color drawing of right leg of a white woman, age 22 years, showing a tumor, which measured 4.5 by 4 by 3 inches, projecting from inner ankle; tumor lobulated. Amputation at knee-joint.

A. J.

For history see A. M. M. No. 10530 Pathological Section, which represents the leg.

Drawing made by Dr. S. C. McConnell, Clerk, Mus. Branch, Museum and Library Division, S. G. O.



No. 109 Water color drawing showing in right scrotum three  
*Exhibited* round bodies, apparently three testicles or three separate lobes of  
*in* one testicle; each is the size or nearly the size of an ordinary  
*A. M. M.* testicle. There does not seem to be the usual sensitiveness to  
*Private Room* palpation.

*1st Floor* Case of Geo. E. Pittman, white, 76 Mass. Ave., N. W., Wash-  
 ington, D. C., father of two children, tall and well  
 formed.

Drawing made by Dr. J. C. McConnell, Clerk, Museum  
 Branch of Museum & Library Division, S. G. O., Oct. 16, 1895.



between the cancelli presented a reddish chocolate hue, below it appeared reddened and inflamed. It had not in either locality any gangrenous odor. The femoral vein was also carefully examined and found to contain old and partially disintegrated blood clots and in some portions also a quantity of healthy looking creamy pus its walls were much thickened.

It continued to present the same appearance up to about 2 inches below its junction with the internal iliac vein. Here the clots ceased and the coats of the vein although of reddish hue, did not appear much thickened. The pus was carefully examined with the microscope and presented its usual round corpuscles which under the application of acetic acid exhibited distinctly their characteristic double and triple nuclei. The femoral artery appeared healthy.

Specimen, consists of Femur sawed longitudinally and portion of Femoral vein, forwarded to Army Medical Museum, while recent.



MM 877.8



mm 8778



